

Note: This form is folded in half with carbon copy.
Writing on the top sheet will be copied to the sheet below.

Longevity Health Checkup Form, City of Setagaya, FY 20XX

Insurer number		3	9	1	3	1	1	2	3	
Insurance ID number										
Health Checkup Voucher Reference Number		1	0	0						
Address		Setagaya-ku								
Furigana								Gender	1. Male 2. Female	
Name										
*Tel:		()								
Date of birth		Year	Month	Day	Age at time of checkup (age:)					
Date of checkup		Year	Month	Day						

Personal Copy Longevity Health Checkups are contracted to the Tokyo Metropolitan Association of Medical Care Services for Older Senior Citizens.

* Checkup must be done by March 31, 20XX+1.

Longevity Health Checkup	¥500
Lung cancer screening	<input type="checkbox"/> to apply <input type="checkbox"/> not to apply * ¥600 if a sputum cytology test is conducted in addition to the chest X-ray (only if authorized as necessary by doctor)
Colon cancer screening	<input type="checkbox"/> to apply <input type="checkbox"/> not to apply ¥200
Hepatitis B/C screening	Eligibility : Free For those who have never had this test before
Prostate cancer screening	Eligibility : ¥600 Men aged 60 or over as of March 31, XXXX *For those who have never had this test before

Cancer screenings, etc. (available at selected medical institutions)

If you wish to be screened, please inquire to Setagaya Cancer Screening Reception Center (Tel: 03-6265-7573, Fax: 03-6265-7559).

* If you fill in the phone number field, we can inform you by flyer and text about health services (health checkups, health guidance, etc.) and nursing care services (optional).

Mark the corresponding number in the answer with a circle.

Question	Answer
1. How would you rate your current health?	1. Excellent
	2. Good
	3. Fair
	4. Poor
	5. Very Poor
2. How satisfied are you with your daily life?	1. Very satisfied
	2. Somewhat satisfied
	3. Somewhat dissatisfied
	4. Very dissatisfied
3. Do you regularly eat three meals a day?	1. Yes 2. No
4. In the past six months, has it become more difficult to eat hard or tough foods (*)? *Dried squid, pickled radish, etc.	1. Yes 2. No
5. Do you sometimes choke when drinking tea or soup?	1. Yes 2. No
6. Have you lost more than 2-3kg over the past six months?	1. Yes 2. No
7. Do you find your walking pace is slower than it was previously?	1. Yes 2. No
8. Have you had any falls in the past year?	1. Yes 2. No

Question	Answer
9. Do you walk or take other exercise at least once a week?	1. Yes 2. No
10. Has anyone told you that you repeat yourself or appear forgetful?	1. Yes 2. No
11. Do you sometimes not know what the date is today?	1. Yes 2. No
12. Do you smoke tobacco?	1. Yes
	2. No
	3. Not any more
If you are considering quitting, please check this box <input type="checkbox"/> . → <input type="checkbox"/>	
13. Do you go out at least once a week?	1. Yes 2. No
14. Do you regularly meet with family or friends?	1. Yes 2. No
15. Do you have anyone to turn to for advice when you are unwell?	1. Yes 2. No

Health checkup results

Height	cm	BMI=	kg/m ²
Weight	kg	*See formula on back of form (personal copy) (Health guidance threshold: BMI ≥25.0)	
Waist circumference	cm	[1. Actual measurement 2. Self-measurement 3. Self-reported] (Health guidance threshold M: ≥85cm, F: ≥90cm)	
Blood pressure	Systolic	mmHg	Health guidance threshold: ≥130mmHG Medical consultation threshold: ≥140mmHG
	Diastolic	mmHg	Health guidance threshold: ≥85mmHG Medical consultation threshold: ≥90mmHG
<input type="checkbox"/> First time <input type="checkbox"/> Second time <input type="checkbox"/> Other			
Medical history	1. To be noted 2. None of note		
	1. Hypertension 2. Liver disease 3. Cardiovascular disease 4. Anemia 5. Kidney disease 6. Diabetes 7. Dyslipidemia 8. Hyperuricemia 9. Lung disease 10. Cerebrovascular disease 11. Other ()		
Subjective symptoms	1. To be noted 2. None of note		
	1. Chest pressure/discomfort 2. Breathlessness/palpitations 3. Arrhythmia (irregular heartbeat) 4. Swelling in face, limbs 5. Thirst 6. Worked in a dusty environment 7. Discomfort at back of throat 8. Blood in sputum 9. Frequent coughing, phlegm 10. Dizziness/vertigo on standing 11. Fatigue 12. Other ()		
Objective symptoms	1. To be noted 2. None of note		
Urinalysis	Protein	1. - 2. ± 3. + 4. ++ 5. +++	
	Glucose	1. - 2. ± 3. + 4. ++ 5. +++	
	Occult blood	1. - 2. ± 3. + 4. ++ 5. +++	

Blood test

Tests	Thresholds		Test results
	Health guidance	Medical consultation	
Triglycerides	Fasting (≥10h after eating)	≥150	≥300
	Non-fasting (<10h of eating)	≥175	≥300
HDL cholesterol	<40		mg/dL
LDL cholesterol	≥120	≥140	mg/dL
AST (GOT)	≥31	≥51	U/L
ALT (GPT)	≥31	≥51	U/L
γ-GT (γ-GTP)	≥51	≥101	U/L
Blood glucose	Fasting (≥10h after eating)	≥100	≥126
	Non-fasting (<10h of eating)		
Hemoglobin A1c	≥5.6	≥6.5	%

Anemia test

Tests	Standard value	Thresholds		Test results
		Health guidance	Medical consultation	
Red blood cell count	M: 410-580 F: 380-480			10 ⁹ /μL
Hemoglobin		M: <13.0 F: <12.0	M: <12.0 F: <11.0	g/dL
Hematocrit	M: 36-50 F: 34-45			%
Reason for testing	1. Doctor's discretion 2. History of anemia or suspected anemia observed			

Serum creatinine test

Tests	Standard value	Thresholds		Test results
		Health guidance	Medical consultation	
Creatinine	M: 0.60-1.10 F: 0.40-0.80			mg/dL
eGFR		<60	<45	ml/min/1.73m ²
Reason for testing	1. Doctor's discretion			

Metabolic syndrome assessment

1. Criteria met 2. Pre-metabolic 3. Not applicable 4. Indeterminate
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Blood test (other health tests)

Tests	Standard value	Test results
Total cholesterol	130-220	mg/dL
ALP	38-113	U/L
LD (LDH)	120-245	IU/L
Uric acid	M: 3-7 F: 2-6	mg/dL
Urea nitrogen	8.0-23.0	mg/dL
Total protein	6.7-8.3	g/dL
Albumin	3.8-5.3	g/dL
White blood cell count	3500-9000	/mm ³
Platelet count	13.0-36.9	10 ⁹ /μL

Referral letter	To:	Facility name
	Please provide 1. Ophthalmoscopy 2. Lung cancer screening.	
	Referring doctor	Number of referral facility
	Referral date	

Funduscopy examination	Conducting facility	1. Own hospital 2. Referral hospital	
	Intraocular pressure	Right mmHg Left mmHg	
	Scheie's classification	H-type (hypertensive change)	0 1 2 3 4
		S-type (atherosclerotic change)	0 1 2 3 4
	Findings (including suspicions)	1. Diabetic changes 2. Bleeding 3. White dots 4. Macular degeneration 5. Optic disc cupping 6. Other ()	Points calculation *Max 399 points
Reason for testing	1. Doctor's discretion		

ECG	Findings (including suspicions)	1. Findings (Mark the corresponding number in the findings below with a circle.) 2. No findings
	Findings (including suspicions)	1. Abnormal Q wave 2. Left ventricular hypertrophy 3. ST changes 4. T wave changes 5. WPW syndrome 6. Right bundle branch block 7. Supraventricular premature contraction 8. Premature ventricular contraction 9. Atrial fibrillation 10. Supraventricular tachycardia 11. Other ()
	Reason for testing	1. Doctor's discretion 2. Suspected arrhythmia at interview, etc.

Chest X-ray	Front	1. No Findings 2. Findings	<input type="checkbox"/> Digital <input type="checkbox"/> Analog (Large format) *Side X-ray only for lung cancer screening
	Findings		
	Side	1. No Findings 2. Findings	
Lung cancer screening results		1. No further screening 2. Further screening required (Note:)	

Visit	1. Doctor only 2. With nurse	
	Sputum smear test	1. Negative 2. Positive (Gaffky:)

Final Assessment

Disease (including suspicions)	1. Normal		2. Guidance required		3. Treatment required	
	Treatment required	Guidance required	Disease (including suspicions)	Treatment required	Guidance required	
Hypertension	1	2	Lung disease	1	2	
Hyperuricemia	1	2	Heart disease	1	2	
Anemia	1	2	Kidney disease	1	2	
Liver disease	1	2	Dyslipidemia	1	2	
Diabetes	1	2	Cerebrovascular disease	1	2	
Other ()				1	2	
Other ()				1	2	
Other ()				1	2	

Notes								
Facility ID	1	3	1					
Healthcare facility name								
Address								
Tel:								
Name of doctor								

◎ Guide to understanding your final assessment

1. If your result is “**Normal**,” it means that no abnormalities were detected. This does not guarantee future health. If you experience any symptoms, consult a physician promptly. Continue regular health checkups.
2. If your result is “**Guidance required**,” it means that you need to continue to be observed or retested at a healthcare facility due to one of the following: an unclear diagnosis resulting from your tests, findings that are difficult to classify as normal or abnormal, or abnormalities that may appear as a result of your physical condition during testing, even though you are healthy.
3. If your result is “**Treatment required**,” it means that you will need to promptly undergo medical treatment. If you are currently in treatment, it is important that you continue to follow the guidance of your lead physician.

◎ Guide to understanding your test results

Fold along the dotted line on the left to align and view your test results.

Mountain fold line

Tests		Purpose & Meaning
Urinalysis	Protein	Screens for diabetes, kidney and urinary system disease.
	Glucose	
	Occult blood	
Triglycerides	Elevated levels indicate increased risk of lifestyle diseases.	
HDL cholesterol	Low levels indicate increased risk of atherosclerosis.	
LDL cholesterol	Elevated levels indicate increased risk of atherosclerosis.	
AST (GOT)	Elevated levels may indicate liver disease.	
ALT (GPT)		
γ-GT (γ-GTP)	Elevated levels may indicate alcoholic hepatitis, etc.	
Blood glucose	Elevated levels may indicate diabetes.	
Hemoglobin A1c		
Red blood cell count	Low levels may indicate anemia.	
Hemoglobin		
Hematocrit		
Creatinin	Elevated levels may indicate kidney disease.	
eGFR	Low levels may indicate kidney disease.	
Total cholesterol	Elevated levels indicate increased risk of atherosclerosis.	
ALP (alkaline phosphatase)	Elevated levels may indicate liver disease.	
LD (LDH) (lactate dehydrogenase)	Elevated levels may indicate disease of the heart or liver.	
Uric acid	Elevated levels may indicate gout.	
Urea nitrogen	Elevated levels may indicate kidney disease.	
Total protein	Low levels may indicate renal dysfunction, malnutrition, or hepatic dysfunction.	
Albumin		
White blood cell count	Check for any blood disorder.	
Platelet count	Low levels indicate increased bleeding risk.	
Funduscopy examination	Check for progression of arteriosclerosis or diabetes.	
ECG	Check heart condition, arrhythmia, etc.	
Chest X-ray	Check for tuberculosis, etc.	
Home visit Sputum Test	Check for TB bacillus in sputum.	

※ Measurements can be affected by age, sex and food intake. Standard values may also vary according to differences in measurement methods, and between individuals. Please use the standard values as a guide only. These test results alone are insufficient to make a diagnosis, so please listen carefully to the instructions of the doctor.

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◎ About Body Mass Index

Formula: BMI = body weight (kg) ÷ height (m)²
 Threshold: BMI ≥ 25.0 is obese

Inquiries about Longevity Health Checkups
 Specific Health Checkup Section, National Health Insurance
 and National Pension Division, Public Health and
 Welfare Policy Department, City of Setagaya

Tel: 5432-2936
 Fax: 5432-3005