National Health Insurance

Health Examination Ticket Number		Notification Number	
Name (in kana)			
Age	y/o (Age as of 2024/03/31)	Gender	
Date of Birth			
Valid until			

Toyohashi National Health Insurance Specific Health Checkup Ticket for the 2024 Fiscal Year

Issued

・Please read "Specific/General Health Checkup Information" for the 2024 Fiscal Year included in the same envelope.

※Please check the period of validity on this ticket above.

・Please bring the following with you:
☐Specific Health Checkup Ticket
☐Something to confirm enrollment in Toyohashi City National Health Insurance (health insurance card, etc.)
＊If you will be having a combined Ningen Doc exam (included JA Toyohashi Ningen Doc exams) or receiving your checkup together with a group, you may have to bring different documents, etc.

Outpatients currently receiving treatment can also be examined

・Filling out your health checkup ticket:
Please fill out the questionnaire on the back of this paper.
__If you will be receiving your checkup together with a group,__ you only need to write your phone number(s) on the back of this page. You don't need to fill in the other fields.

※For clinic/medical institution use only.

Exam Date	Mo. Day	National Health Insurance Card Number	
Body Measurements	Height . cm	Weight . kg	BMI . / AC (abdominal circumference) . cm
Objective Symptoms	No / Yes	Blood Pressure	SBP / DBP mmHg
Urinalysis	Protein: − / ± / + / ++ / +++	Sugar: − / ± / + / ++ / +++	Period / Kidney

Detailed Health Examinations	Reason for Exam	Anemia	Past history / Potential
		Electro-cardiogram	Blood pressure: Individuals whose SBP was 140 mmHg and over/DBP was 90 mmHg and over in the current year's checkup results. / Potential arrhythmia
		Eye Fundus	Blood pressure: Individuals whose SBP was 140 mmHg and over/DBP was 90 mmHg and over in the current year's checkup results. / Blood sugar: Individuals whose blood sugar was 126mg/dℓ or over with an empty stomach, or individuals with an HbA1c (NGSP) of 6.5% and over, or those whose blood sugar is at or above 126mg/dℓ at all times. (For indivudals who received their checkup at a medical institution, refer to this year's checkup results. For individuals who did their checkup with a group, refer to last year's checkup results.)
	Anemia: No / Yes	Electro-cardiogram: No / Yes	Eye Fundus: No / Yes — Name of requested clinic — Code
Observations	Electro-cardiogram: Code	Eye Fundus: Code	Scheie Classification: S0 S1 S2 S3 S4 / H0 H1 H2 H3 H4
	Necessary to recommend follow-up exams?	No	
		Yes	BP 1 / Fats 2 / BG 3 / Liver 4 / Kidney 5 / UA 6 / Anemia 7 / ECG 8 / FO 9 / Other

Clinic Name		Clinic Code		Physician Name		Class	国保61

■For patient use (Please fill out the following information). Information may be used for health services, such as sending SMS messages to cell phone numbers to recommend health checkups, etc.

Phone number (Cell)	□□□ –□□□□ –□□□□	Phone number (Home)	□□□□ – □□ – □□□□

			Please draw a diagonal line (/) through the applicable box
1	Do you use any of the following medicines (a – c) regularly?		
1	a Medicine to lower blood pressure?		☐ Yes ☐ No
2	b Medicine or insulin injections to lower blood sugar levels?		☐ Yes ☐ No
3	c Medicine to lower cholesterol or neutral fats/triglycerides?		☐ Yes ☐ No
4	Have you been told by a doctor that you suffered/are suffering from a stroke (cerebral hemorrhage, cerebral infraction, etc.) or have received treatment for a stroke?		☐ Yes ☐ No
5	Have you been told by a doctor that you suffered/are suffering from heart disease (angina pectoris, myocardial infarction/heart attack, etc.) or have received treatment for heart disease?		☐ Yes ☐ No
6	Have you been told by a doctor that you are suffering from chronic kidney disease or kidney failure, or have received treatment (dialysis, etc.) for chronic kidney disease or kidney failure?		☐ Yes ☐ No
7	Have you ever been told by a doctor that you are anemic?		☐ Yes ☐ No
8	Are you currently a habitual smoker? Condition 1: You've smoked for at least 1 month recently Condition 2: You've smoked for a period of 6 months or more at some point in your life and/or have smoked at least 100 combined cigarettes in your life.	①Both 1 and 2 apply ②Only 2 applies ③I don't smoke Or neither ① nor ② applies	☐ ① ☐ ② ☐ ③
9	Have you gained 10kg or more since turning 20?		☐ Yes ☐ No
10	Have you been doing light exercise for at least 30 minutes twice or more per week for one year or longer?		☐ Yes ☐ No
11	Have you been walking for at least one hour during your daily activities or doing physical activitity equivalent to walking for at least one hour daily?		☐ Yes ☐ No
12	Do you tend to walk faster than those of the same age as you?		☐ Yes ☐ No
13	Which of the following best applies to you when chewing food?	①I can eat and chew all kinds of food. ②I am concerned about my teeth, gums, or bite, and it is sometimes difficult to chew food. ③I cannot chew most foods.	☐ ① ☐ ② ☐ ③
14	Do you tend to eat more quickly than others?		☐ Fast ☐ Normal ☐ Slow
15	In a one week period, do you eat dinner within 2 hours of going to bed three or more times?		☐ Yes ☐ No
16	Do you snack on sweet foods or drinks in between proper meals (breakfast, lunch, and dinner)?		☐ Daily ☐ Once in a while ☐ Almost never
17	Do you skip breakfast 3 or more times in a week?		☐ Yes ☐ No
18	How often do you drink alcohol (sake, shōchū, beer, hard alcohol, etc.)? (Please select only one answer) *("Quit" means you have not consumed alcoholic beverages in at least 1 year after habitually drinking at least once/month in the past)		☐ Daily ☐ 5-6 days a week ☐ 3-4 days a week ☐ 1-3 days a month ☐ Less than 1 day a ☐ I Quit ☐ Don't drink/can't drink
19	On days that you drink alcohol, how many alcoholic drinks do you drink? (Please select only one answer) A one-drink measurement is based on one "gou," or 180ml, of 15% alcohol sake, which is also approximately: One 500ml bottle of beer (5% alcohol), 110ml of shōchū (25%), 180ml of wine (14%), one double-shot (60ml) of whisky (43%), or a 500ml (5%) or 350ml (7%) can of chūhai.		☐ Less than 1 drink ☐ 1-2 drinks ☐ 2-3 drinks ☐ 3-5 drinks ☐ 5 or more drinks
20	Do you feel well-rested after sleeping?		☐ Yes ☐ No
21	Do you want to improve your current lifestyle (exercise, eating habits, etc.)? Please choose one from ① to ⑤	①No, I'm not planning on it. ②Yes, within the next six months. ③Yes, wihtin the next month, and I am already slowly improving my lifestyle. ④I have already begun improving my lifestyle (within the past six months). ⑤I have already begun improving my lifestyle (for six months or more).	☐ ① ☐ ② ☐ ③ ☐ ④ ☐ ⑤
22	Have you ever received health guidance related to lifestyle improvement?		☐ Yes ☐ No
23	When was the last time you ate a meal?		☐ Within 3.5 hrs ☐ 3.5 – 10 hrs ago ☐ 10+ hrs ago
24	Noticeable symptoms	☐ 1 None ☐ 2 Headache ☐ 3 Dizziness ☐ 4 Ringing in ears ☐ 5 Chest pain ☐ 6 Heart palpitations ☐ 7 Dry mouth ☐ 8 Sudden weight loss ☐ 9 Swelling ☐ 10 Get tired easily ☐ 11 Numbness in hands/feet ☐ 12 Other ( )	
25	Please tell us why you are having a medical exam today	☐ 1. I have this medical exam every year ☐ 2. Postcard/Text Message ☐ 3. Event ☐ 4. A video produced by Toyohashi ☐ 5. Flyer/Poster ☐ 6. Medical expenses notice ☐ 7. My doctor recommended I have this exam ☐ 8. Someone close to me (family/friend) recommended I have this exam ☐ 9. Concerns about my ☐ 10. I recevied a health checkup ticket in the mail ☐ 11. Other	

Insurer		
	Address	1 Imahashicho, Toyohashi, Aichi
	Telephone	0532 - 51 - 2293
	Insurer Number	00230029
	Insurer Name	Toyohashi City
Payment Agency Number		92399021
Payment Agency Name		Aichi Prefecture National Health Insurance Federation

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