Latter-stage Elderly Healthcare Insurance			
Health Examination Ticket Number		Notice number	
Name (in kana)			
Age	y/o (As of 2025/03/31)	Gender	
Date of Birth			
Valid until			

Latter-stage Elderly Healthcare 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 of this ticket above.

・Please bring the following with you:
☐Health Checkup Ticket
☐Latter-stage Elderly Health Insurance Card, or something to confirm your eligibility for the Latter-stage Elderly Health Insurance system
＊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.

・Filling out your health checkup ticket:
Please fill out the questionnaire on the reverse of this page. If you will be receiving your checkup with a group, you only need to fill out the phone number field.
If you have any medical history or concerns, please discuss them directly with your doctor. This info will not appear on your checkup results.

※For clinic/medical institution use only.

Checkup Date	Mo. Day	Latter-stage Elderly Health Insurance Card Number	
Body Measurements	Height . cm	Weight . kg	BMI .
Observable Symptoms	No / Yes	Blood Pressure	SBP / DBP mmHg
Urinalysis	Protein: − ± + ++ +++	Sugar: − ± + ++ +++	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 individuals 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	後期高齢63

Information may be used for health services, such as sending SMS messages to cell phone numbers to recommend health checkups, etc.

■For patient use (Please fill out the following information)		Phone number	— —
			Please draw a diagonal line (/) through the applicable box.
1	How would you describe your current health?		☐ Excellent ☐ Good ☐ Normal ☐ Not good ☐ Terrible
2	Are you satisfied with your daily life?		☐ Yes ☐ Somewhat ☐ Not really ☐ Not at all
3	Do you eat three proper meals a day?		☐ Yes ☐ No
4	Compared to half a year ago, has it become more difficult for you to eat hard foods?		☐ Yes ☐ No
5	Do you sometimes choke when drinking tea, soup, or other fluids?		☐ Yes ☐ No
6	Have you lost 2 kg or more within the past 6 months?		☐ Yes ☐ No
7	Has your walking pace gotten slower compared to before?		☐ Yes ☐ No
8	Have you fallen down in the past year?		☐ Yes ☐ No
9	Do you exercise (walk, etc.) at least once per week?		☐ Yes ☐ No
10	Are you told by other people that you are forgetful or always ask the same thing?		☐ Yes ☐ No
11	Do you sometimes forget what day and/or month it is?		☐ Yes ☐ No
12	Do you smoke tobacco?		☐ Yes ☐ No ☐ I quit smoking
13	Do you go out at least once per week?		☐ Yes ☐ No
14	Do you normally interact with family or friends?		☐ Yes ☐ No
15	Is there someone close to you that you can talk to when you aren't feeling well?		☐ Yes ☐ No
16	When was the last time you ate a meal?		☐ Within 3.5 hours ☐ 3.5-10 hours ago ☐ 10+ hours ago

Insurer	Address	1-chome-6-5 Izumi, Higashi-ku, Nagoya, Aichi
	Telephone	052-955-1205
	Insurer Number	39232012 (Toyohashi City)
	Insurer Name	Aichi Prefecture Latter-stage Elderly Healthcare Association
Payment Agency Number		92399021
Payment Agency Name		Aichi Prefecture National Health Insurance Federation

Inquiries
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