Questionnaire to Ensure Patient Safety in Medical Screenings

Furigana	
Name	

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受付番号

Please submit this form after reading the entries pertaining to the screenings you will undergo today and responding to the relevant questions. Use a black lead pencil to clearly check your answers, and write numbers clearly and legibly.

◆If you meet any of the exclusion criteria for a screening, you will be unable to undergo that screening.

○ Chest X-Ray / Stomach Cancer, Cervical Cancer, Breast Cancer or osteoporosis Screening

◆Exclusion Criteria

I am pregnant or could possibly be pregnant ☐ Yes ☐ No

○ Breast Cancer Screening

◆Exclusion Criteria

1) I have a pacemaker or central venous port
2) I have a VP (ventriculoperitoneal) shunt
3) I have had breast enlargement surgery
4) I am currently breastfeeding

I meet one or more of the above exclusion criteria ☐ Yes ☐ No

☐Warning Factors

☐ I have an allergic reaction to powder

○ Blood Test

☐Warning Factors

☐ I have an allergic reaction to alcohol

○ Ultrasound Scan (Abdomen/Breast)

◆Exclusion Criteria

I have an allergic reaction to ultrasound (echo) gel ☐ Yes ☐ No

○ Respiratory/Pulmonary Function Test

☐Warning Factors

☐ I am undergoing treatment for or am under observation for cardiovascular disease

☐ I am undergoing treatment for or am under observation for respiratory disease

☐ I have experienced one or more of the following symptoms in the last year:

Chest pain Dizziness Shortness of breath
Arrhythmia Palpitations Loss of consciousness

○ Body Fat Measurement

◆Exclusion Criteria

I have a pacemaker ☐ Yes ☐ No

○ Stomach Cancer Screening

◆Exclusion Criteria

1) I have a history of gastrointestinal perforation (esophagus, stomach, duodenum,small intestine, large intestine)
2) I have a history of bowel obstruction or volvulus
3) I have a history of colonic diverticulitis
4) I am experiencing abdominal pain or similar symptoms
5) I experienced an allergic reaction when I had a stomach cancer screening in the past
6) My doctor has restricted my fluid intake because of hemodialysis or another condition
7) I have a history of aspiration pneumonia
8) I have aspirated barium in the past
9) I weigh 135 kg (298 lbs) or more

I meet one or more of the above exclusion criteria ☐ Yes ☐ No

☐Warning Factors **If you have any of the following warning factors, you must give consent for your screening**

☐ I am undergoing treatment for a gastrointestinal disease

☐ I have had surgery on a gastrointestinal organ (esophagus, stomach, duodenum, small intestine, large intestine)

☐ I have had endoscopic surgery on a gastrointestinal organ (esophagus, stomach, duodenum, small intestine, large intestine)

☐ I have a history of peritonitis

☐ I have a history of colonic diverticula

☐ I have dysphagia and have difficulty swallowing and a tendency to choke

☐ I have a neurological disease, disease of the pharynx, or other condition that causes difficulty in swallowing

☐ I have severe constipation with symptoms including difficult passage of stools and abdominal bloating

☐ I experience severe numbness or pain in my limbs

☐ I have difficulty rolling onto my side or rolling over

☐ I am currently breastfeeding

I am free of all the above warning factors ☐ Yes ☐ No

I have one or more of the stomach cancer screening warning factors, have received sufficient explanation of the risks involved, understand and accept these risks, and request that I be given the screening.

Signature

If you will undergo risk assessment for stomach cancer, or if you will take the hepatitis virus test, or blood pressure pulse wave test, please answer the relevant questions on the reverse side of this form.

Risk Assessment for Stomach Cancer

◆Exclusion Criteria

1) I have noticeable symptoms in my upper gastrointestinal tract
2) I am undergoing treatment for a disease of the esophagus, stomach or duodenum
3) I am currently taking proton-pump inhibitors (PPIs) to control stomach acid, or have taken PPIs during the past two months
4) I have had a gastrectomy
5) I am suffering from kidney failure (generally indicated by a creatinine level of 3.00 mg/dl or greater)

I meet one or more of the above exclusion criteria

✓ Yes ✓ No

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Blood Pressure Pulse Wave Test

◆Exclusion Criteria

1) Bleeding tendency
2) Aneurysm
3) Vascular stenosis
4) Varicose veins
5) Deep vein thrombosis
6) Lymphedema
7) Other diseases that can cause blood stasis, blood clots or peripheral circulatory disorders.

I meet one or more of the above exclusion criteria

✓ Yes ✓ No

☐Warning Factors

	Left	Right
Breast cancer surgery history	✓	✓
Arm with dialysis shunt	✓	✓
Purulent infection or external wound	✓ Arm ✓ Leg	✓ Arm ✓ Leg

Hepatitis Virus Test (Questionnaire)

1) Have you ever had a liver disease or been told that you have poor liver function? ✓ Yes ( ) year ✓ No

2) Have you ever experienced a major loss of blood during a surgical procedure or during pregnancy or childbirth? ✓ Yes ✓ No
→ Do you have regular liver function tests? ✓ Yes ✓ No

3) Have you ever been tested for the hepatitis C virus? ✓ Yes ( ) year ✓ No ✓ Not sure / Maybe

4) Have you ever been tested for the hepatitis B virus? ✓ Yes ( ) year ✓ No ✓ Not sure / Maybe

5) Are you currently undergoing or have you ever undergone treatment for hepatitis C? ✓ Yes ( ) year ✓ No ✓ Not sure / Maybe

6) Are you currently undergoing or have you ever undergone treatment for hepatitis B? ✓ Yes ( ) year ✓ No ✓ Not sure / Maybe

7) After reading and understanding the purpose of and other facts regarding the hepititis virus test as detailed below, do you request to be given the hepatitis virus test?

● **the hepatitis C virus (HCV antibody) test** ✓ I request ✓ I do not request Signature _____

● **the hepatitis B virus (HBV antibody) test** ✓ I request ✓ I do not request Signature _____

Information regarding the hepatitis virus test

Viral hepatitis is a disease caused by the hepatitis virus (hepatitis C virus, hepatitis B virus) which brings about destruction of the liver cells. Persons infected with this disease experience a gradual decrease in liver function, and may eventually develop cirrhosis of the liver or liver cancer. An estimated 3.5 million people in Japan are infected with the hepatitis virus, making it the most widespread infectious disease in Japan. There are many ways of becoming infected with the hepatitis virus, and it is possible to unknowingly become infected. The hepatitis virus test (blood test) is an important first step in detecting the disease at an early stage and determining an appropriate treatment regimen.