

Breast Cancer Screening Test Form

Receipt No.	ID No.	Date of examination	Month/Day/Year
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***Please fill out all of [1] to [12] in the space within the thick lines in advance.**

Name of organization		Address	
Name			
Date of birth	Sex	Age at the year-end	* Daytime phone number
Month/Day/Year		As March 31, 2023 years old	Telephone number

[1] Have you had breast cancer screening?
 1. Had in the last year 2. Had 2 years ago 3. Had 3 years ago
 4. No, or Had before "3 years ago" 9. I do not know

[2] Do you have any concern about your breast at present?
 1. No 2. Yes 9. I do not know
 () years ago Details ()

[3] Have you ever had mammary gland (breast) disease?
 1. No 2. Yes
 Name of disease ()

[4] Have you had mammary gland surgery?
 1. No 2. Yes (right / left)

[5] Has any of your family members (relatives) had breast cancer?
 1. No 2. Yes
 ① Mother ② Sister ③ Aunt
 ④ Daughter ⑤ Other ()

[6] Do you do self-check for breast cancer?
 1. No 2. Yes
 * Age at menarche () years of age
 Age at menopause () years of age

[7] If you have a mole on your breast, please fill in the information below.

If you answer "Yes" to the followings, you cannot undergo mammography.

[8] Are you possibly pregnant now?
 1. No 2. Yes

[9] Are you currently breast-feeding?
 1. No 2. Yes

[10] Have you ever had a cardiac pacemaker?
 1. No 2. Yes

[11] Have you ever had breast implant (with silicone, etc.)?
 1. No 2. Yes

[12] Do you have medical devices such as CV port (injection device) and V-P shunt in the precordium?
 1. No 2. Yes

[13] Have you had breast surgery within 1 year?
 1. No 2. Yes

[Visual and palpation assessment]

No abnormality
 Detailed examination required
 (Please make sure to illustrate it in the findings column)

Name of diagnostician

[Mammary gland ultrasound assessment]

No abnormality Follow-up
 Detailed examination required

Name of diagnostician

No particularly clear abnormal findings noted in the both mammary glands
 Mastopathy pattern indicated
 Right mammary gland Left mammary gland
 Cystic pattern observed
 Right mammary gland (× cm) (× cm)
 Left mammary gland (× cm) (× cm)
 Fibroadenoma pattern observed
 Right mammary gland (× cm)
 Left mammary gland (× cm)

Region Examination No.

[Mammography assessment]

X-ray No.

First interpretation findings		Second interpretation findings	
Film assessment <input type="checkbox"/> Interpretation Possible <input type="checkbox"/> Interpretation Impossible <input type="checkbox"/> Body movement/poor condition <input type="checkbox"/> Other () <input type="checkbox"/> Dense breast		Film assessment <input type="checkbox"/> Interpretation Possible <input type="checkbox"/> Interpretation Impossible <input type="checkbox"/> Body movement/poor condition <input type="checkbox"/> Other () <input type="checkbox"/> Dense breast	
Right MLO Left MLO 	(Only for those in their 40s) Right CC Left CC 	Right MLO Left 	(Only for those in their 40s) Right CC Left CC
Right Tumor mass ○ size × cm <input type="checkbox"/> spicula <input type="checkbox"/> Micro-serrated lobulated <input type="checkbox"/> Circumscribed <input type="checkbox"/> Indistinct <input type="checkbox"/> Obscured	Left Tumor mass ○ size × cm <input type="checkbox"/> spicula <input type="checkbox"/> Micro-serrated lobulated <input type="checkbox"/> Circumscribed <input type="checkbox"/> Indistinct <input type="checkbox"/> Obscured	Right Tumor mass ○ size × cm <input type="checkbox"/> spicula <input type="checkbox"/> Micro-serrated lobulated <input type="checkbox"/> Circumscribed <input type="checkbox"/> Indistinct <input type="checkbox"/> Obscured	Left Tumor mass ○ size × cm <input type="checkbox"/> spicula <input type="checkbox"/> Micro-serrated lobulated <input type="checkbox"/> Circumscribed <input type="checkbox"/> Indistinct <input type="checkbox"/> Obscured
Calcification × <input type="checkbox"/> Benign calcification	Calcification × <input type="checkbox"/> Benign calcification	Calcification × <input type="checkbox"/> Benign calcification	Calcification × <input type="checkbox"/> Benign calcification
Distribution <input type="checkbox"/> Diffuse, scattered, regional <input type="checkbox"/> Clustered <input type="checkbox"/> Linear, segmental	Distribution <input type="checkbox"/> Diffuse, scattered, regional <input type="checkbox"/> Clustered <input type="checkbox"/> Linear, segmental	Distribution <input type="checkbox"/> Diffuse, scattered, regional <input type="checkbox"/> Clustered <input type="checkbox"/> Linear, segmental	Distribution <input type="checkbox"/> Diffuse, scattered, regional <input type="checkbox"/> Clustered <input type="checkbox"/> Linear, segmental
Characteristics <input type="checkbox"/> Small round/amorphous or indistinct <input type="checkbox"/> Pleomorphic/heterogeneous <input type="checkbox"/> Fine linear branching	Characteristics <input type="checkbox"/> Small round/amorphous or indistinct <input type="checkbox"/> Pleomorphic/heterogeneous <input type="checkbox"/> Fine linear branching	Characteristics <input type="checkbox"/> Small round/amorphous or indistinct <input type="checkbox"/> Pleomorphic/heterogeneous <input type="checkbox"/> Fine linear branching	Characteristics <input type="checkbox"/> Small round/amorphous or indistinct <input type="checkbox"/> Pleomorphic/heterogeneous <input type="checkbox"/> Fine linear branching
Other △ <input type="checkbox"/> Deformation <input type="checkbox"/> Focal asymmetric density <input type="checkbox"/> Architectural distortion	Other △ <input type="checkbox"/> Deformation <input type="checkbox"/> Focal asymmetric density <input type="checkbox"/> Architectural distortion	Other △ <input type="checkbox"/> Deformation <input type="checkbox"/> Focal asymmetric density <input type="checkbox"/> Architectural distortion	Other △ <input type="checkbox"/> Deformation <input type="checkbox"/> Focal asymmetric density <input type="checkbox"/> Architectural distortion
Comment		Comment	
Category classification <input type="checkbox"/> 1 No abnormality <input type="checkbox"/> 2 Benign <input type="checkbox"/> 3 Benign but malignancy cannot be ruled out <input type="checkbox"/> 4 Suspected malignancy <input type="checkbox"/> 5 Malignant	Interpretation Name of physician	Category classification <input type="checkbox"/> 1 No abnormality <input type="checkbox"/> 2 Benign <input type="checkbox"/> 3 Benign but malignancy cannot be ruled out <input type="checkbox"/> 4 Suspected malignancy <input type="checkbox"/> 5 Malignant	Interpretation Name of physician
Overall interpretation (category classification) <input type="checkbox"/> 1 No abnormality <input type="checkbox"/> 2 Benign <input type="checkbox"/> 3 Benign but malignancy cannot be ruled out <input type="checkbox"/> 4 Suspected malignancy <input type="checkbox"/> 5 Malignant			

Overall determination (palpation / echo / mammography)

1 No abnormality
 2 Detailed examination required

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 Group Medical Checkup Council providing the medical checkup
 General Incorporated Association Medical Information Health Foundation
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To be entered by the applicant