

## Results of Health Care Turning Point Checkup

Subject name		Resident Reg. No.	
Date of examination		Health checkup institution	<input type="checkbox"/> Visit <input type="checkbox"/> On-site checkup

### Health Checkup General Comments

Determination — ☐ Normal A ☐ Normal B (boundary)  
☐ Disease suspected ☐ Abnormal

◆ Mr./Mrs./Ms. , you received the ○○○○, ○○○○, and ○○○○○○ test(s).

\* Please refer to the results and prescription of assessment of life habits for your assessment of life habits.

◆ Mr./Mrs./Ms. , you require health care relating to the following matters.

▷ Suspected Illness:

▷ Illness confirmed:

▷ Management of life habits

▷ Others

Test type	Objective disease	Examination item	Result (reference value)			
Measuring examination	Obesity/ Abdominal obesity	Height (cm) / weight (kg)	/			
		BMI (kg/m <sup>2</sup> )	<input type="checkbox"/> Underweight (below 18.5)	<input type="checkbox"/> Normal (18.5-24.9)	<input type="checkbox"/> Overweight (25-29.9)	<input type="checkbox"/> Obesity (30 and over)
		waist (cm)	<input type="checkbox"/> Normal <input type="checkbox"/> Abdominal obesity (Male: 90 and over; Female: 85 and over)			
	Abnormality of visual acuity	Visual acuity (left/right)	<input type="checkbox"/> corrected			
	Abnormality of auditory acuity	Auditory acuity (left/right)	<input type="checkbox"/> Normal <input type="checkbox"/> Disease suspected			

Physical examination (questionnaire)	Past medical history diagnosis		Medication therapy	
	Lifestyle	<input type="checkbox"/> Smoking abstinence required * Consult your physician.	<input type="checkbox"/> Drinking restriction required	<input type="checkbox"/> Exercise required <input type="checkbox"/> Muscle exercise

	Applicability	Result	
Depression	<input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable	<input type="checkbox"/> No symptoms of depression (0~4 points) <input type="checkbox"/> Light symptoms of depression (5~9 points) <input type="checkbox"/> Moderate depression suspected (10~19 points) <input type="checkbox"/> Severe depression suspected (20~27 points)	
Cognitive function disorder	<input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable	<input type="checkbox"/> No specific abnormality (0~5 points) <input type="checkbox"/> Cognitive function disorder suspected (6 points and over)	
Bone density test	<input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable		<input type="checkbox"/> Normal <input type="checkbox"/> Osteopenia <input type="checkbox"/> Osteoporosis
Physical functional assessment of elderly	<input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable	<input type="checkbox"/> Normal <input type="checkbox"/> Physical functions deteriorated	
Functional assessment of elderly (questionnaire)	<input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable	Fall	<input type="checkbox"/> Normal <input type="checkbox"/> High risk of fall
		Ability to perform daily living activities	<input type="checkbox"/> Normal <input type="checkbox"/> In need of daily living assistance
		Vaccination	<input type="checkbox"/> Influenza vaccine inoculation required <input type="checkbox"/> Pneumococcal vaccine inoculation required <input type="checkbox"/> Vaccine inoculation not required
		Micturition disorder	<input type="checkbox"/> Normal <input type="checkbox"/> Micturition disorder suspected

This certifies the information above as your health checkup results.

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Date of assessment:                      Physician: License (Qualification) / No.                      Name                      (Signature)

(Medical Care Institution                      )