Appendix: Information used in the health information platform

■ Profile
○ Profile
Name
Name (kana)
Date of birth
Age
Sex
Nickname
Blood type
Rh
Postal code
Address
Photo
Emergency information
 Emergency contact (family structure)
Name
Name (katakana)
Postal code
Address
Phone number
Email address
Date of birth
Age
Relationship
○Family doctor/pharmacist
Date of registration
Time of registration
Hospital/ Dispensing organization
Hospital department name
Doctor/pharmacist name
Phone number

Evacuation site
Date of registration
Time of registration
Regional evacuation site
Evacuation site
Family meeting place
○Family/health insurance photos
Photo 1 date of registration
Photo 1 time of registration
Photo 1
Photo 2 date of registration
Photo 2 time of registration
Photo 2
Photo 3 date of registration
Photo 3 time of registration
Photo 3
Photo 4 date of registration
Photo 4 time of registration
Photo 4
○Information requiring special attention
Date of registration
Time of registration
Presence of disability
Disability details
Dialysis
Home oxygen therapy
Pregnancy
regnancy
Artificial teeth
Glasses/contact lenses
Non-fluent in Japanese
Asthma
,

Nursing care level

Support level

Nursing care level details
Care manager (company name)
Care manager (phone number)
Care manager (caregiver name)
Other important notes
○Allergy information
Allergens
Symptoms
Туре
Since When?
Date logged
Time logged
Note
Note
OMedication side effects
Side effects
Date logged
Time logged
○Previous illnesses
Name of the illness
When
Presence of symptoms
Current symptoms
Date logged
Time logged
Note
○Your information in case of emergency situations
Name
Name (kana)
Date of birth
Postal code
Sex
Blood type
2.004 1,70

Bearing a chronic disease
Requiring special care
Allergies
Medication you are currently taking
Other special notes
Your body status Height
Height
Date measured
Time measured
Height units
Weight/body fat percentage Weight
Weight units
Body fat percentage
Body fat percentage units
Date measured
Time measured
ВМІ
ВМІ
○Blood pressure
Systolic blood pressure
Diastolic blood pressure
Date measured
Time measured
Blood pressure units
○Blood glucose level
Blood glucose llevel (usual)
Date measured
Time measured
Blood sugar level units
○Body temperature
Body temperature

Date measured
Time measured
Temperature units
○Heart rate
Heart rate
Date measured
Time measured
Heart rate units
○Pulse rate
Pulse rate
Date measured
Time measured
Pulse rate units
○ ME-BYO Diary
Daily log
Date logged
Time logged
O Medication records
Medication records
Medication name
Dosage
Dosage Administration
_
Administration
Administration Dispensed date
Administration Dispensed date Time prescribed
Administration Dispensed date Time prescribed Dipensing organization
Administration Dispensed date Time prescribed Dipensing organization Medical institution name
Administration Dispensed date Time prescribed Dipensing organization Medical institution name Dosage form
Administration Dispensed date Time prescribed Dipensing organization Medical institution name Dosage form Prescription length
Administration Dispensed date Time prescribed Dipensing organization Medical institution name Dosage form Prescription length Note
Administration Dispensed date Time prescribed Dipensing organization Medical institution name Dosage form Prescription length Note Prescription history
Administration Dispensed date Time prescribed Dipensing organization Medical institution name Dosage form Prescription length Note Prescription history Medication name

Comments ○Injection history Medication name Dosage Dosing method Date prescribed Number of injections Medical institution Hospital department name Doctor's name Comments ■Vaccination history OVaccination history Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration Time of Registration Time of Registration	Doctor's name
Medication name Dosage Dosing method Date prescribed Number of injections Medical institution Hospital department name Doctor's name Comments Vaccination history OVaccination history Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Comments
Dosage Dosing method Date prescribed Number of injections Medical institution Hospital department name Doctor's name Comments ■Vaccination history OVaccination history Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	○Injection history
Dosing method Date prescribed Number of injections Medical institution Hospital department name Doctor's name Comments Vaccination history OVaccination history Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Medication name
Date prescribed Number of injections Medical institution Hospital department name Doctor's name Comments Vaccination history OVaccination history Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Dosage
Number of injections Medical institution Hospital department name Doctor's name Comments Vaccination history OVaccination history Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Dosing method
Medical institution Hospital department name Doctor's name Comments Vaccination history OVaccination history Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Date prescribed
Hospital department name Doctor's name Comments I Vaccination history OVaccination history Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Number of injections
Doctor's name Comments I Vaccination history OVaccination history Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Medical institution
■Vaccination history OVaccination history Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Hospital department name
■Vaccination history OVaccination history Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Doctor's name
OVaccination history Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Comments
OVaccination history Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	
Name of the vaccine Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	■Vaccination history
Period No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	OVaccination history
No. Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Name of the vaccine
Date of vaccination Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Period
Manufacturer/lot Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	No.
Vaccine dosage (ml) Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Date of vaccination
Name of the facility Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Manufacturer/lot
Doctor's name Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Vaccine dosage (ml)
Note Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Name of the facility
Date of Registration Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Doctor's name
Time of Registration OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Note
OVaccination side effects Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Date of Registration
Date of side effects Vaccine that caused side effects Side effect details Date of Registration	Time of Registration
Vaccine that caused side effects Side effect details Date of Registration	OVaccination side effects
Side effect details Date of Registration	Date of side effects
Date of Registration	Vaccine that caused side effects
G	Side effect details
Time of Registration	Date of Registration
	Time of Registration

Days prescribed

Medical institution

Hospital department name

Daily activity level
OCalories consumed
Date/time calories logged
Total calorie consumption
Active energy (calories consumed)
Calories consumed at rest (basal metabolic rate)
Calories consumed units
Steps
Steps
Date measured
Time measured
Steps units
Floors climbed
Floors climbed
Date measured
Time measured
Stairs climbed units
Walking/running
Walking/running
Date walking/running measured
Time walking/running measured
Walking/running units
○Exercise
Exercise time (minutes)/medium intensity exercise time (time spent walking quickly)
Date exercise time/medium intensity exercise time measured
Time exercise time/medium intensity exercise time measured
Healthcare
Body composition
Date measured
Time measured
Body muscle percentage
Body muscle percentage units
Body water percentage
Body water percentage units

Bone mass
Bone mass units
Basal metabolic rate
Basal metabolic rate units
ONutrition
Date nutrient intake measured
Time nutrient intake measured
Biotin
Biotin units
Caffeine
Caffeine units
Calcium
Calcium units
Carbohydrates
Carbohydrate units
Chloride
Chloride units
Chromium
Chromium units
Copper
Copper units
Dietary energy
Energy intake units
Dietary cholesterol
Dietary cholesterol units
Dietary sugar
Dietary sugar units
Fiber
Dietary fiber units
Folate
Folic acid units
lodine
lodine units
Iron
Iron units
Magnesium

Magnesium units
Manganese
Manganese units
Molybdenum
Monounsaturated fat
Monounsaturated fatty acids units
Niacin
Niacin units
Pantothenic acid
Pantothenic acid units
Phosphorus
Phosphorus units
Polyunsaturated fat
Polyunsaturated fatty acid units
Potassium
Potassium units
Protein
Protein units
Riboflavin
Vitamin B2 units
Saturated fat
Saturated fatty acid units
Selenium
Selenium units
Sodium
Sodium units
Thiamine
Thiamine units
Total fat
Total fat units
Water
Water units
Vitamin A
Vitamin A units
Vitamin B12
Vitamin B12 units

Vitamin B6
Vitamin B6 units
Vitamin C
Vitamin C units
Vitamin D
Vitamin D units
Vitamin E
Vitamin E units
Vitamin K
Vitamin K units
Zinc
Zinc units
Sleep
Date sleep analysis logged
Time sleep analysis logged
Sleep analysis
Olnspection results
Date inspection results logged
Time inspection results logged
Respiratory rate
Respiratory rate units
Oxygen saturation (SpO2)
Oxygen saturation (SpO2) units
Number of falls
Number of falls units
Inhaler usage status
Blood alcohol level
Blood alcohol level units
Electrodermal activity
Electrodermal activity units
Microcirculation index
Microcirculation index units

Forced expiratory volume (1 second)

Forced expiratory volume (1 second) units

Forced vital capacity

Heart condition (fatigue/stress)

OFatigue/stress measurement results

Date of measurement

Time of measurement

LF (sympathetic nervous system)

LF (sympathetic nervous system) units

HF (parasympathetic nervous system)

HF (parasympathetic nervous system) units

LF/HF

CCV (TP)

Function age

Autonomic nervous function age units

Comprehensive judgement

Comments

Checkup history

OCheckup results

Date of checkup

Time of checkup

Height

Height units

Weight

Weight units

Body fat percentage

Body fat percentage units

BMI

Abdominal circumference

Waist measurement units

Visceral fat rating

Visceral fat rating units

Smoke

Taking medication (blood pressure)

Taking medication (blood sugar)

Taking medication (lipids)

Systolic blood pressure (1st)

Systolic blood pressure (1st) units

Systolic blood pressure (2nd)

Systolic blood pressure (2nd) units

Systolic blood pressure (other)

Systolic blood pressure (other) units

Diastolic blood pressure (1st)

Diastolic blood pressure (1st) units

Diastolic blood pressure (2nd)

Diastolic blood pressure (2nd) units

Diastolic blood pressure (other)

Diastolic blood pressure (other) units

Lung capacity

Lung capacity units

Expiratory volume in 1 second

Expiratory volume in 1 second units

Expiratory volume % in 1 second

Expiratory volume % in 1 second units

Red blood cell count

Red blood cell count units

White blood cell count

White blood cell count units

Hemoglobin

Hemoglobin concentration units

Hematocrit

Hematocrit units

Blood platelet count

Blood platelet count units

MCV

MCV units

MCH

MCH units

MCHC

MCHC units

HbA1c

HbA1c units

Fasting blood sugar

Fasting blood sugar level units

Urine sugar

Triglyceride

Neutral fat units

Total cholesterol

Total cholesterol units

HDL cholesterol

HDL cholesterol units

LDL cholesterol

LDL cholesterol units

ALT (GPT)

ALT (GPT) units

AST (GOT)

AST (GOT) units

y-GTP

y-GTP units

Total protein

Total protein units

Serum albumin

Serum albumin units

Total bilirubin

Total bilirubin units

ALP

ALP units

Urinary protein

Uric acid

Uric acid units

Urinary blood

Urine pH

Urine specific gravity

Blood urea nitrogen

Blood urea nitrogen units

Serum creatinine

Blood serum creatinine units

eGFR

eGFR units
ECG guidance classification
ECG findings
PSA
PSA units
Health age
Health age units
Predicted medical expenses
Predicted medical expenses units
Maternity record history
○Fetus/pregnancy information
Child's name
Fetus identification CD
Sex
Number of previous births
Number of C-sections
Single/multiple births
Number of multiple conceptions
C-section plans for this birth
Reason for C-section
Due date
Number of weeks pregnant
Pre-pregnancy weight
Pre-pregnancy weight units
Pre-pregnancy height
Pre-pregnancy height units
○Fetus weight
Child name
Fetus identification CD
Date measured
Time measured
Weight
Weight units
OPregnant body weight
Date measured

Weight
Weight units
OPregnancy checkup results
Date of checkup
Time of checkup
Weeks pregnant
Weeks pregnant units
Days pregnant
Days pregnant units
Uterine floor length
Uterine floor length units
Abdominal circumference
Waist measurement units
Pregnant weight
Pregnant weight units
Systolic blood pressure
Peak blood pressure units
Diastolic blood pressure
Lowest blood pressure units
Edema
Urinary protein
Unine sugar
Estimated fetal weight
Estimated fetal weight (units)
Condition of mother
Condition of mother (other)
Facility or staff name
Other important notes
OMaternal dental checkup results
Date of checkup
Time of checkup
Weeks pregnant
Weeks pregnant units
Current condition of teeth/missing teeth

Time measured

Tartar (present/not present)
Inflamed gums
Special notes
Facility/staff name
OBirth information
Date of delivery
Time of delivery
Method of birth
Method of birth (other)
Fetal weeks
Fetal weeks units
Fetal days
Fetal days units
Age of father
Age of father units
Age of mother
Age of mother units
Name of place of birth
Single/multiple births
Weight
Weight units
Height
Height units
Chest circumference
Chest measurement units
Head circumference
Head measurement units
Blood type
Presence of fetal distress
Degree of jaundice
Use of incubator
Days incubator used
Suckling strength
Other important notes
Progress from birth to discharge from hospital

Note

Olnfant checkup results Date of checkup Time of checkup Checkup name Checkup location Height Height units Weight Weight units Chest circumference Chest measurement units Head circumference Head measurement units Kaup index Primary_urinary protein Primary_urinary sugar Primary_urinary blood Primary_urinary white blood cell Number of teeth Number of teeth units Cavities (present/not present) Number of cavities (baby teeth) Number of cavities (baby teeth) units Number of cavities (permanent teeth) Number of cavities (permanent teeth) units Attack pattern Dental occlusion Soft tissue Fluoride treatment Daytime guardian **Nutrition method** Times snacked

Times snacked units
Other
O=
OTreatment/dosing history
Medical facility
Medical department
Doctor in charge
Date of checkup
Date of end of checkup
Name of illnesses related to vaccination)
Other reasons for checkup/other details (illness names, frequency, etc.)
Dosing
Period that dosing began
Period that dosing ended
Reason for prescription, dosing, or concern
Other describes a like the second brightness.
Student health record history
OPeriod checkup results
Date of checkup
Time of checkup
Height
Height units
Weight
Weight units
Visual acuity, right eye
Visual acuity, right eye (glasses/contacts)
Visual acuity, left eye
Visual acuity, left eye (glasses/contacts)
Hearing (right ear)
Hearing (left ear)
Nutritional status
Spine/chest/limbs
Skin condition
Heart condition
ECG test
Eye condition
ENT condition

Primary_urinary protein

Primary_urinary blood

Primary_urinary sugar

Secondary urine test

Date of fluoroscopy

Fluoroscopy film number

Fluoroscopy results

Fluoroscopy findings

Date of x-ray

Results

X-ray

Other inspections

Tuberculosis

Illnesses and irregularities

Direction class

Other conditions

School doctor's findings

Date of recording school doctor's findings

Subsequent measures

Notes

School name

OVisual acuity inspection

Date measured

Visual acuity, right eye

Visual acuity, right eye (glasses/contacts)

Visual acuity, left eye

Visual acuity, left eye (glasses/contacts)

ODental inspection

Date of inspection

Teeth rows (dentition) and teeth alignment (meshing)

Jaw joint (temporomandibular joint)

Teeth stains (plaque)

Gum (gingiva)

Teeth conditions

- Upper right 1
- Upper right 2
- Upper right 3
- Upper right 4
- Upper right 5
- Upper right 6
- Upper right 7
- Upper right 8
- Upper left 1
- Upper left 2
- -----
- Upper left 3
- Upper left 4
- Upper left 5
- Upper left 6
- Upper left 7
- Upper left 8
- Lower right 1
- Lower right 2
- Lower right 3
- Lower right 4
- Lower right 5
- Lower right 6
- Lower right 7
- Lower right 8
- Lower left 1
- Lower left 2 Lower left 3
- Lower left 4
- Lower left 5
- Lower left 6
- Lower left 7
- Lower left 8
- Upper right A
- Upper right B
- Upper right C
- Upper right D

Upper right E
Upper left A
Upper left B
Upper left C
Upper left D
Upper left E

Lower right A

Lower right B

Lower right C

Lower right D

Lower right E

Lower left A

Lower left B

Lower left C

Lower left D

Lower left E

Milk teeth: number of teeth

Milk teeth: number of untreated teeth
Milk teeth: number of treated teeth
Permanent teeth: number of teeth

Permanent teeth: number of untreated teeth
Permanent teeth: number of treated teeth
Permanent teeth: number of lost teeth

There is a baby tooth that requires special attention

You have tartar

School dentist's findings

Date of recording of school dentist's findings

Other

Subsequent measures

Oral illness, etc.

Number of untreated teeth

Number of treated teeth

OMetabolic risk

Metabolic risk

Metabolic risk calculation date

Metabolic risk comments

Age at time of checkup Checkup date Height Weight BMI Abdominal circumference Waist measurement units Taking medication (blood pressure) Taking medication (blood sugar) Taking medication (lipids) Systolic blood pressure (1st) Systolic blood pressure (1st) units Systolic blood pressure (2nd) Systolic blood pressure (2nd) units Diastolic blood pressure (1st) Diastolic blood pressure (1st) units Diastolic blood pressure (2nd) Diastolic blood pressure (2nd) units Systolic blood pressure (average) Systolic blood pressure (average) units Diastolic blood pressure (average) Diastolic blood pressure (average) units Hemoglobin Hemoglobin content units HbA1c HbA1c units Fasting blood sugar Fasting blood sugar units Urine sugar Triglyceride Neutral fat units Total cholesterol Total cholesterol units HDL cholesterol HDL cholesterol units

Non-HDL cholesterol

Non-HDL cholesterol units

LDL cholesterol

LDL cholesterol units

ALT (GPT)

ALT (GPT) units

AST (GOT)

AST (GOT) units

y-GTP

y-GTP units

Urinary protein

Urinary blood

Serum creatinine

Blood serum creatinine units

eGFR

eGFR units

Height - risk value

Weight - risk value

BMI - risk value

Waist measurement - risk value

Systolic blood pressure (1st) - risk value

Diastolic blood pressure (1st) - risk value

Systolic blood pressure (average) - risk value

Diastolic blood pressure (average) - risk value

Hemoglobin content - risk value

HbA1c - risk value

Fasting blood sugar - risk value

Urinary sugar - risk value

Neutral fat - risk value

Total cholesterol - risk value

HDL cholesterol - risk value

Non-HDL cholesterol - risk value

LDL cholesterol - risk value

ALT (GPT) - risk value

AST (GOT) - risk value

y-GTP - risk value

Urinary protein - risk value

Urinary occult blood - risk value

Blood serum creatinine - risk value

eGFR - risk value

BMI - comments - comments

Waist measurement - comments

Systolic blood pressure (average) – comments

Diastolic blood pressure (average) - comments

Hemoglobin content - comments

HbA1c - comments

Fasting blood sugar - comments

Urinary sugar - comments

Neutral fat - comments

HDL cholesterol - comments

Non-HDL cholesterol – comments

LDL cholesterol - comments

ALT (GPT) - comments

AST (GOT) - comments

y-GTP - comments

Urinary protein - comments

Urinary occult blood - comments

Blood serum creatinine - comments

eGFR - comments

OME-BYO Index

Mental activity

Cognitive function(3-word test)

Cognitive function(clock drawing test)

Locomo 5

Walking speed

Items automatically recorded

OInformation at birth

Date when information was obtained

Hypertensive disorders of pregnancy

Urinary protein

Urinary sugar

High-blood pressure/edema

Anemia

Diabetes

Multiple pregnancy

Caesarean section

Breech presentation

Gestational age

Special notion at birth

Special notion in newborn period

Weight at birth (g)

Height at birth (cm)

Head circumference at birth (cm)

Chest circumference at birth (cm)

Feeding method (newborn period)

Test for inborn error of metabolism, etc.

Hearing test method for newborn infants (first test)

Result of hearing test for newborn infants (first test)

Hearing test method for newborn infants (second test result)

Result of hearing test for newborn infants (second test result)

Result of hearing test for newborn infants (detailed examination)

OHealth checkup history

Date when information was obtained

Date of 3 to 4 month old health checkup

Municipalities to conduct 3 to 4 month old health checkup

3 to 4 month old health checkup - Findings - Judgement

Date of 1.5 year old health checkup

Municipalities to conduct 1.5 year old health checkup

1.5 year old health checkup - Findings - Judgement

Date of 3 year old health checkup

Municipalities to conduct 3 year old health checkup

3 year old health checkup - Findings - Judgement

OInformation on 3 to 4 month old health checkup

Information on physical checkup

Date of 3 to 4 month old health checkup

Fiscal year of 3 to 4 month old health checkup

Age in month at the time of 3 to 4 month old health checkup

Insurance number

Height (cm)

Weight (g)

Chest circumference (cm)

Head circumference (cm)

Examination findings - State of physical development

Examination findings - Mental development

Examination findings - Spasm

Examination findings - Motor function

Examination findings - Nerve system/sensory organ system

Examination findings - Blood system

Examination findings - Skin

Examination findings - Hip joint

Examination findings - Hip joint (limited abduction)

Examination findings - Torticollis

Examination findings - Circulatory system

Examination findings - Respiratory system

Examination findings - Digestive system

Examination findings - Urogenital system

Examination findings - Metabolic system

Examination findings - Congenital physical feature

Examination findings - Judgement

Childcare environment - Nutrition

Childcare environment - Nutrition method

Developmental information - Laughing

Developmental information - Eye tracking

Developmental information - Stable head and neck

O1.5 year old health checkup

Information on physical checkup

Date of 1.5 year old health checkup

Fiscal year of 1.5 year old health checkup

Age in month at the time of 1.5 year old health checkup

Insurance number

Height (cm)

Weight (g)

Chest circumference (cm)

Head circumference (cm)

Examination findings - State of physical development

Examination findings - Mental development

Examination findings - Fever convulsion

Examination findings - Motor function

Examination findings - Vision

Examination findings - Hearing

Examination findings - Blood system

Examination findings - Skin

Examination findings - Circulatory system

Examination findings - Respiratory system

Examination findings - Digestive system

Examination findings - Urogenital system

Examination findings - Congenital physical feature

Examination findings - Judgement

Childcare environment - Nutrition

Childcare environment - Breast milk

Childcare environment - Ablactation

Developmental information - Looking at the direction of a voice

Developmental information - Grabbing a toy

Developmental information - Sitting by himself/herself

Developmental information - Starting to speak (meaningful words)

Developmental information - Walking by himself/herself

OInformation on dental checkup

Date of 1.5 year old dental checkup

Age in month at the time of 1.5 year old dental checkup

Dental findings - State of cavities

Dental findings - Untreated cavities

Dental findings - Treated cavities

Dental findings - Gums and mucous membrane

Dental findings - Occlusion

Dental findings – Judgement

OInformation on consultation form for detailed health examination

Date of request for 1.5 year old detailed health examination

Date of 1.5 year old detailed health examination

Findings or future treatment

OInformation on 3 year old health checkup

Information on physical checkup

Date of 3 year old health checkup

Fiscal year of 3 year old health checkup

Age in month at the time of 3 year health checkup

Insurance number

Height (cm)

Weight (g)

Chest circumference (cm)

Protein

Sugar

Occult blood

Examination findings - State of physical development

Examination findings - Mental development

Examination findings - Fever convulsion

Examination findings - Motor function

Examination findings - Nerve system/sensory organ system

Examination findings - Blood system

Examination findings - Skin

Examination findings - Circulatory system

Examination findings - Respiratory system

Examination findings - Digestive system

Examination findings - Urogenital system

Examination findings - Congenital physical feature

Examination findings - Judgement

Ophthalmological findings - Both eyes

Ophthalmological findings - Right eye

Ophthalmological findings - Left eye

Ophthalmological findings - Misalignment of the eyes

Ophthalmological findings – Judgement

Ophthalmological findings - Follow-up necessary (-month later)

Otorhinolaryngological findings - Audibility of right ear

Otorhinolaryngological findings - Audibility of left ear

Otorhinolaryngological findings – Judgement

Otorhinolaryngological findings - Follow-up necessary (-month later)

Childcare environment - Nutrition

Developmental information - Two-word sentences

OInformation on dental checkup

Date of 3 year old dental checkup

Age in month at the time of 3 year old dental checkup

Dental findings - State of cavities

Dental findings - Untreated cavities

Dental findings - Treated cavities

Dental findings - Gums and mucous membrane

Dental findings - Occlusion

Dental findings – Judgement

OInformation on consultation form for detailed health examination

Date of request for 3 year old detailed health examination

Date of 3 year old detailed health examination

Findings or future treatment

OInformation on health checkup for pregnant women

Date of health checkup

Times of health checkup

Weeks of pregnancy

Weight before pregnancy

Weight at health checkup

Height (first time)

Hypertensive disorders of pregnancy

Diabetes in pregnancy

Blood-group test (ABO blood group)

Blood-group test (Rh blood group)

Blood-group test (irregular antibody)

Hepatitis B antigen test

Hepatitis C antibody test

Rubella antibody

Hematological test (hemoglobin (g/dl))

Hematological test (hematocrit (%))

Hematological test (blood platelet (×10⁴/µL))

HTLV-1 antibody test

Uterine cervix cancer screening

ODental information of pregnant women

Date of dental checkup for pregnant women

Pregnancy weeks

Existence of cavities that need treatment

(When exist) Number of cavities that need treatment

Calculus

Gum inflammation

OInformation on the state of delivery

Date when information was obtained

Pregnancy period

Date and time of delivery

Delivery process

Delivery method

Time required for delivery

Amount of bleeding (classification)

Amount of bleeding (ml)

Reception of blood transfusion (including blood products)

State of the baby at birth (sex)

State of the baby at birth (number of baby born)

State of the baby at birth (weight)

State of the baby at birth (height)