COMPREHENSIVE
CANCER CENTERS

New Patient Intake

Patient Name		**Date**	
Reason for visit			

Referred by Doctor: ________________________________
Specialty: ____
Address: ____
____
____
Phone:_____________________

Allergies
____
____
____
____

Medical History *(list ALL medical problems to your best knowledge and dates, treatments, if possible)*			
Diabetes (sugar)		Liver Disease	
High Blood Pressure		Kidney Disease	
Heart Problem		Thyroid Problems	
Blood Clot		Stroke or Seizure	
Other Cancers		Bone Disease/Arthritis	
Other, list:			
Prior hospitalizations			
If prior chemotherapy			
If prior radiation therapy			

Surgical History *(list ALL surgeries with dates and places)*		

For FEMALE Patients only			
Age of first menstrual cycle		Date of last mammogram	
Date of last menstrual cycle		Number of pregnancies	
Had ovary removed? If yes, what year?		Number of deliveries	
Had uterus removed? If yes, what year?		Had hormone replacement?	Yes No

Current Medications			

Social History	
Occupation	☐ Unemployed ☐ On Disability ☐ Retired ☐ Employed: ________________________________ Previous occupation if retired/disabled: ____________________
Spouse/Partner	☐ Widow ☐ Divorced ☐ Separated ☐ Live with patient: ________________
Do you have? Who?	Durable power of attorney for HEALTH decisions: ________________________________ Living Will ________________________________
Social Habits	**Tobacco** • Never used • Used starting age of _____ until age ______

	• Smoked _________ packs per day **Alcohol** consumption: __________ drinks of __________ per week Do you consider yourself an alcoholic? Yes No Have you ever: • Been annoyed to **c**ut on alcohol: Yes No • Planned to cut on **a**lcohol: Yes No • Felt **g**uilt for drinking too much: Yes No • Drunk **e**arly morning (like an Eye opener): Yes No

Family History

Are you adopted	☐ Yes ☐ No
If NOT adopted, please answer Who in the family has the following cancer	Breast
	Colon
	Pancreas
	Prostate
	Ovary
	Uterus (Endometrial)
	Brain
	Leukemia (Blood Cancers)
	Stomach
	Other cancers in family, who?
Family	Number brothers ________ Anyone with health problems, which? _________ Number sisters _________ Anyone with health problems, which? _________ Number biological daughters: ________ • Anyone with health problems, which? _________ Number biological sons: __________ • Anyone with health problems, which? _________ Mother: ☐ Alive Deceased at age ________ of ___________________ Father: ☐ Alive Deceased at age ________ of ___________________

Review of Systems *(Circle all that apply)*

General **Psychiatric** **Endocrine** **Hematologic** **Skin**	Weight loss in last 6 months (____) Fatigue Fever Night Sweats Weakness Nervousness Depression Memory Loss Trouble Sleeping Speech Changes Head or Cold Intolerance Sweating Frequent Urination Thirst Change in Appetite Ease of Bruising Ease of Bleeding Rashes Jaundice Itching Dryness Hair and Nail Changes
Head **Ears** **Eyes** **Nose and Throat** **Neck**	Headache Head Injury Decreased Hearing Ringing in Ears Earache Drainage Pain Redness Blurry or Double Vision Flashing Lights Glaucoma Cataracts Stuffiness Discharge Itching Nosebleeds Sinus Pain Gums Bleeding Dry Mouth Sore Throat Hoarseness Thrush Non-Healing Sores Sore Tongue Lumps Swollen Glands Pain Stiffness
Breasts **Respiratory** **Cardiovascular** **Gastrointestinal**	Lumps Pain Discharge Nipple Change Cough Sputum Coughing up Blood Shortness of Breath Wheezing Chest Pain or Discomfort Tightness Palpitations Shortness of Breath Swelling Swallowing Difficulties Painful Swallowing Heartburn Change in Appetite Nausea Vomiting Change in Bowl Habits Blood in Stool Constipation Diarrhea
Urinary **Genital (Male)** **Genital (Female)** **Musculoskeletal** **Neurologic**	Frequency Urgency Burning or Pain Blood in Urine Incontinence Impotence Pain with Sex Hernia Discharge Masses Pain with Sex Vaginal Dryness Hot Flashes Vaginal Discharge Itching Rash Muscle or Joint Pain Stiffness Back Pain Redness of Joints Swelling of Joints Dizziness Fainting Seizures Weakness Numbness Tingling Tremor

Other Doctors Taking Care of You

Name	Specialty	Address	Phone

Other Information to Share with your Doctor

COMPREHENSIVE
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LIMITED ENGLISH PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES FOR NEVADA

ATTENTION: If you speak any of the following languages, language assistance services, free of charge, are available to you. Call 1-877-261-6608 for more information.

Amharic:	**Arabic**
ትኩረት: እርስዎ የ አማርኛ ተናጋሪ ከሆኑ የቋንቋ ድጋፍ አገልግሎቶች ያለ ክፍያ በነ ጻ ተዘጋጀልዎታል:: በ1-877-261-6608 ይደውሉ::	ملحوظة: إذا كنت تتحدث اللغة العربية، تتوافر لك خدمة المساعدة اللغوية بالمجان. برجاء الاتصال بـ 1-877-261-6608.
Chinese:	**French:**
注意：如果您讲中文，我们可以为您提供免费语言协助服务。请拨打 1-877-261-6608。	ATTENTION : Si vous parlez français, des services d'aide linguistique, vous sont proposés gratuitement. Appelez le 1-877-261-6608.
German:	**Ilocano:**
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-877-261-6608.	PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan iti 1-877-261-6608.
Japanese:	**Korean:**
ご注意：日本語でお話しになりたい場合は、無料の言語支援サービスをご利用いただけます。1-877-261-6608にお電話ください。	안내: 한국어 통역지원서비스를 무료로 제공해드리고 있습니다. 지원이 필요하시면, 전화 1-877-261-6608로 문의하시기 바랍니다.
Russian:	**Samoan:**
ВНИМАНИЕ: Если вы говорите по-русски, вам предложены бесплатные услуги перевода. Звоните по телефону 1-877-261-6608.	FAAALIGA: Afai e te tautala Faa-Samoa, o loo maua fesoasoani mo tautua tau gagana, e lē totogia mo oe. Telefoni i le 1-877-261-6608.
Spanish:	**Tagalog:**
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llamar al 1-877-261-6608.	ATENSYON: Kung nagsasalita ka ng Tagalog, ang mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit mo. Tumawag 1-877-261-6608.
Thai:	**Urdu:**
โปรดทราบ: หากคุณพูดภาษาไทย บริการให้ความช่วยเหลือด้านภาษาพร้อมให้บริการแก่คุณโดยไม่มีค่าใช้จ่าย โทร 1-877-261-6608	**توجه: اگر فارسی صحبت می‌کنید، خدمات ترجمه به صورت رایگان در اختیارتان قرار می‌گیرد. با 1-877-261-6608 تماس بگیرید.**
Vietnamese:	
CHÚ Ý: Nếu quý vị nói Tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi 1-877-261-6608.	