



COMPREHENSIVE  
CANCER CENTERS

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason for Appointment: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Past History:**  
\_\_\_\_ Childhood diseases    \_\_\_\_ Rheumatic Fever  
\_\_\_\_ Diabetes                \_\_\_\_ TB  
\_\_\_\_ Other \_\_\_\_\_

**Previous Surgeries:**  
Date                    Type  
\_\_\_\_\_  
\_\_\_\_\_

**Family History:**  
Mother  Living  Dead \_\_\_\_ age  
Father  Living  Dead \_\_\_\_ age  
Sister  Living  Dead \_\_\_\_ age  
Brother  Living  Dead \_\_\_\_ age  
\*Any family members with a history of:  
\_\_\_\_ Cancer    \_\_\_\_ Diabetes    \_\_\_\_ TB    \_\_\_\_ Heart Disease

**Cause of Death:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social History:**  
Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Children: # Males \_\_\_\_\_ Ages \_\_\_\_\_ : # Females \_\_\_\_\_ Ages \_\_\_\_\_

**Smoker:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Alcohol Intake:** Yes \_\_\_\_\_ No \_\_\_\_\_ How much? \_\_\_\_\_  
How much? \_\_\_\_\_  
How long? \_\_\_\_\_ Quit? \_\_\_\_\_

**Current Medications:**  
Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Review of Systems**

Y	N		Y	N		Y	N	
____	____	Headaches	____	____	JT/Back Pain	____	____	Menopause
____	____	Visual Problems	____	____	Fevers	____	____	*Age: _____
____	____	Lung Problems	____	____	Abdominal Pain	____	____	Chills
____	____	*Date: _____	____	____	Jaundice	____	____	NOC Sweats
____	____	SOB	____	____	Gallstones	____	____	Unusual Swelling
____	____	Heart Problems	____	____	Nausea	____	____	Other medication problems
____	____	*Date: _____	____	____	Vomiting	____	____	_____
____	____	Chest Pain	____	____	Diarrhea	____	____	_____
____	____	Palpitations	____	____		____	____	_____
____	____	Gastrointestinal	____	____	Urinary Problems	____	____	_____
____	____	*Date: _____	____	____	*Frequency _____ Urgency _____ Nocturia _____ Dysuria _____	____	____	_____

**Vital Signs:** Temperature \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Previous Chemo Tx: \_\_\_\_\_ **\*ADVANCED DIRECTIVE** \_\_\_\_\_ YES \_\_\_\_\_ NO

Previous Radiation Tx: \_\_\_\_\_



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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.

<b>Amharic:</b> ትኩረት: እርስዎ የ አማርኛ ተናጋሪ ከሆኑ የ ቋንቋ ድጋፍ አገልግሎቶች ያለ ክፍያ በነጻ ተዘጋጅልዎታል። በ1-877-261-6608 ይደውሉ።	<b>Arabic:</b> ملحوظة: إذا كنت تتحدث اللغة العربية، تتوفر لك خدمة المساعدة اللغوية بالمجان. برجاء الاتصال بـ 1-877-261-6608.
<b>Chinese:</b> 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。	<b>French:</b> ATTENTION : Si vous parlez français, des services d'aide linguistique, vous sont proposés gratuitement. Appelez le 1-877-261-6608.
<b>German:</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-877-261-6608.	<b>Ilocano:</b> PAKDAAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan iti 1-877-261-6608.
<b>Japanese:</b> 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。	<b>Korean:</b> 안내: 한국어 통역지원서비스를 무료로 제공해드리고 있습니다. 지원이 필요하시면, 전화 1-877-261-6608로 문의하시기 바랍니다.
<b>Russian:</b> ВНИМАНИЕ: Если вы говорите по-русски, вам предложены бесплатные услуги перевода. Звоните по телефону 1-877-261-6608.	<b>Samoan:</b> 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.
<b>Spanish:</b> ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llamar al 1-877-261-6608.	<b>Tagalog:</b> ATENSYON: Kung nagsasalita ka ng Tagalog, ang mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit mo. Tumawag 1-877-261-6608.
<b>Thai:</b> โปรดทราบ: หากคุณพูดภาษาไทย บริการให้ความช่วยเหลือด้านภาษาพร้อมให้บริการแก่คุณ โดยไม่มีค่าใช้จ่าย โทร 1-877-261-6608	<b>Urdu:</b> توجہ: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان در اختیارتان قرار می گیرد. با 1-877-261-6608 تماس بگیرید.
<b>Vietnamese:</b> 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.	