



MRN: \_\_\_\_\_

# COMPREHENSIVE CANCER CENTERS

## New Patient Intake Form

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Marital Status:      Single          Married          Divorced          Widowed  
\*Spouse Name: \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Smoker: Yes/No  
\*If yes, how long? \_\_\_\_\_ How many packs per day? \_\_\_\_\_  
Quit smoking? Yes/No          How long ago? \_\_\_\_\_

Alcohol Use: Yes/No  
\*If yes, how much? \_\_\_\_\_ How often? \_\_\_\_\_

Currently Employed: Yes/No  
\*Occupation \_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surgical History:

Date	Type
_____	_____
_____	_____
_____	_____

Family History:

Mother	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased	_____ age
Father	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased	_____ age
Sister	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased	_____ age
Brother	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased	_____ age

\*Any family members with a history of:

- Cancer
- Diabetes
- TB
- Heart Disease

Cause of Death:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Review of Systems****GENERAL**

Recent weight loss	Yes	No	PICA:	Yes	No
Night sweats	Yes	No	Change in appetite	Yes	No
Fevers	Yes	No	Change in sleep	Yes	No
Fatigue	Yes	No	Any tattoos	Yes	No
Skin: Warm	Dry	Intact			

**HENNT**

Sinus: \_\_\_\_\_  
 Cataracts: \_\_\_\_\_  
 Glaucoma: \_\_\_\_\_  
 Deafness: \_\_\_\_\_  
 Headache: \_\_\_\_\_  
 Other: \_\_\_\_\_

**RESPIRATORY**

Cough \_\_\_\_\_ Productive Yes No  
 Pneumonia \_\_\_\_\_ TB \_\_\_\_\_ Emphysema \_\_\_\_\_  
 Bronchitis \_\_\_\_\_  
 Other \_\_\_\_\_

**CARDIOVASCULAR**

Arrhythmias: \_\_\_\_\_  
 MI: \_\_\_\_\_  
 HTN: \_\_\_\_\_  
 CHF: \_\_\_\_\_  
 Murmur: \_\_\_\_\_  
 Claudication: \_\_\_\_\_  
 Other: \_\_\_\_\_

**MUSCULOSKELETAL**

Arthritis: \_\_\_\_\_  
 Pedal Edema: \_\_\_\_\_  
 Back pain: \_\_\_\_\_  
 One Fractures: \_\_\_\_\_  
 Other: \_\_\_\_\_

**GI**

Abdominal Pain: \_\_\_\_\_  
 Nausea: \_\_\_\_\_  
 Vomiting: \_\_\_\_\_  
 Diarrhea: \_\_\_\_\_  
 Constipation: \_\_\_\_\_  
 Other: \_\_\_\_\_

**GU**

Hematuria: \_\_\_\_\_  
 UTI: \_\_\_\_\_  
 Kidney Stones: \_\_\_\_\_  
 Males: Prostate Infection Yes No  
 Females: Las Pap Smear \_\_\_\_\_  
 Last Mammogram \_\_\_\_\_  
 LMP \_\_\_\_\_ Menopause Yes No

**NEUROLOGICAL**

Stroke: \_\_\_\_\_  
 Seizures: \_\_\_\_\_  
 Memory Changes: \_\_\_\_\_  
 Other: \_\_\_\_\_

**ENDOCRINE**

Diabetes: \_\_\_\_\_  
 Thyroid Disease: \_\_\_\_\_  
 High Cholesterol: \_\_\_\_\_  
 Other: \_\_\_\_\_

**BLOOD**

Bleeding disorder: \_\_\_\_\_  
 Anemia: \_\_\_\_\_  
 Easy bruising: \_\_\_\_\_  
 Epistaxis: \_\_\_\_\_  
 History of blood transfusion: \_\_\_\_\_  
 Bleeding in childhood: \_\_\_\_\_

**PSYCHIATRIC**

Depression: \_\_\_\_\_  
 Hallucinations: \_\_\_\_\_  
 Anxiety: \_\_\_\_\_  
 Suicidal ideation: \_\_\_\_\_

**VITAL SIGNS**

TEM: \_\_\_\_\_  
 BP: \_\_\_\_\_  
 Pulse: \_\_\_\_\_  
 RES: \_\_\_\_\_  
 Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_

RN/MA Signature: \_\_\_\_\_ Date: \_\_\_\_\_



COMPREHENSIVE  
CANCER CENTERS

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 አጭር 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.	