



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.

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