



COMPREHENSIVE
CANCER CENTERS

Patient Questionnaire

Name: _____ Date of Consultation: _____

Problems that have led patient to seek medical attention here? _____

Please provide names and phone numbers of your physicians (primary care, medical oncologist, surgeon, etc.)

Past Medical History

Chemotherapy: Have you ever had chemotherapy? If so, give date and place: _____

Radiation Therapy: Have you ever had radiation therapy, radiation implants, cobalt treatment, etc.? **Yes No** (if yes, please provide location, dates and phone numbers of center where you were treated): _____

Surgery: Please list all previous surgeries that you've had and your approximate age at that time: _____

Accidents: Have you had any accidents or injuries of serious consequence? **Yes No**
Please list: _____

Recent Hospitalizations: _____

Past Illnesses: Please check if you have history of, or currently have any of the following:

	Yes	No		Yes	No
Diabetes			Heart trouble		
Kidney disease			Hepatitis B or C		
High blood pressure			HIV		
Bronchitis			Back pain		
Seizures			Thyroid disease		
Tuberculosis			Phlebitis		
Emphysema			Stomach ulcers		
Liver Disease			Skin disease		
Other					

Childhood Diseases: _____

Current Medication (please list): _____

Medication Allergies (please list): _____

Family History:

	Alive	Age of Death	Cause of Death	List any Cancer	Other Medical Problems
Father	Yes No				
Mother	Yes No				
Any family members with cancer detected before age 50? _____					

Please list any other family members who have had cancer:

Breast Cancer _____	Who _____	Other _____
Ovarian Cancer _____	Who _____	Other _____
Colon Cancer _____	Who _____	Other _____
Prostate Cancer _____	Who _____	Other _____

Social History:

Are you currently: Employed Retired Unemployed On Disability

Occupation (current or former): _____

Marital Status: Single Married Divorced Widowed Separated

Current Living Situation: Alone With Spouse Significant Other Friend

Parent Child Other Relative

Children: # of Sons: ____ Ages: _____ # of Daughters: ____ Ages: _____

Have you ever smoked? **Yes** **No** If yes, age when you started: ____ Packs per day: ____

Date quit (if applicable): _____

Do you drink alcohol? **Yes** **No** What type: _____ How much per week? _____

Did you ever drink large amounts of alcohol? **Yes** **No** Date quit (if applicable): _____

Review of Systems:

Do you currently suffer from any of the following symptoms?

General	Yes	No	Head and Neck	Yes	No
Fevers			Hearing loss		
Night sweats			Nose bleeds		
Poor appetite			Dry mouth		
Weight loss # pounds			Hoarse voice		
			Cataracts		
			Glaucoma		

Cardiovascular	Yes	No		Yes	No
Chest pain with effort			Heart murmur		
Palpitations			Ankle swelling		
Pacemaker/Implanted Defibrillator					

Pulmonary System	Yes	No		Yes	No
Cough			Shortness of breath		
Coughing blood			Pain with breathing		

Gastrointestinal	Yes	No		Yes	No
Nausea			Yellow skin (Jaundice)		
Vomiting			Clay colored stool		
Constipation			Blood in stool		
Diarrhea			Abdominal pain		
Colonoscopy? _____			If yes, when? _____		

Nervous System	Yes	No		Yes	No
Headaches			History of stroke		
Dizziness			History of seizures		
Paralysis			Speech disturbance		
Loss of sensation			Weakness of arm/leg		
Mental Illness					
Tremors					

Musculoskeletal System	Yes	No		Yes	No
Arthritis			Limited motion		
Back pain			Muscle cramps		

Hematologic	Yes	No		Yes	No
History of blood transfusions?			Treatment for anemia?		
Any history of abnormal bleeding (ie. with surgery or dental work?)					

Genitourinary System	Yes	No		Yes	No
Pain with urination			Urgent urination		
Blood in urine			Incontinence		
Frequent urination			Retention of urine		

How many times per night do you wake up from sleep to urinate? _____

(For Men Only)

Do you have impotence? Yes No Partial Total

(For Women Only)

Date of last menstrual period: _____ Last mammogram: _____ Age of Menopause: _____

Number Pregnancies: _____ Number of deliveries: _____

Age at first pregnancy: _____ History of C-sections? _____

Hormonal therapy: **Yes** **No** **Previous** **Current**

Are you currently pregnant? **Yes** **No** **Unsure**

Could you be pregnant? Explain _____



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 አማርኛ ተናጋሪ ከሆኑ የቋንቋ ድጋፍ አገልግሎቶች ያለ ክፍያ በነጻ ተዘጋጅልዎታል። 1-877-261-6608 ይደውሉ።</p>	<p>Arabic ملحوظة: إذا كنت تتحدث اللغة العربية، تتوافر لك خدمة المساعدة اللغوية بالمجان. برجاء الاتصال بـ 1-877-261-6608.</p>
<p>Chinese: 注意：如果您□中文，我□可以□您提供免□□言□助服□。□□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: 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.</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 togotia 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 บริการให้ความช่วยเหลือด้านภาษาพร้อมให้บริการแก่คุณโดยไม่มีค่าใช้จ่าย 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>	