



SUNCOAST CANCER INSTITUTE NEW PATIENT HISTORY FORM

ALL QUESTIONS ARE STRICTLY CONFIDENTIAL AND WILL BECOME PART OF YOUR MEDICAL RECORD

Name: (Last, First, MI) _____ M ___ F ___ DOB: _____

Marital status: Single Partnered Married Separated Divorced Widowed

Occupation: Retired Homemaker Working. Describe job: _____

Current medications: If you have a copy of list check here and give us a copy and leave the list below blank.

Name of drug & dosage:

- 1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

Allergies to Medications:

No Known Drug Allergies

Known Drug allergies: List drug and reaction. _____

Penicillin Sulfa Other _____

Past Medical History:

- Negative
 AIDS Alcoholism Anemia Arthritis Asthma Abnormal Bleeding Breast Lump
 Bronchitis Cancer Chemical Dependency Cataracts Congestive Heart Failure
 Coronary Artery Disease Diabetes Epilepsy Glaucoma Gout GERD H. pylori
 Hearing loss Hepatitis Herpes High Cholesterol HIV positive Hypertension
 Hyperthyroidism Hypothyroidism Irritable bowel syndrome Kidney Disease
 Liver Disease Miscarriage Kidney Stones Osteoarthritis Pacemaker Pneumonia
 BPH Rheumatoid Arthritis Stroke Tuberculosis Peptic Ulcer Disease Vaginal infections Valvular heart disease Venereal Disease

Hospital Admission & Date:

- 1. _____
2. _____
3. _____



Female Health History:

Menarche

Age at Menarche _____ Last Menstrual Period _____ Frequency of periods _____

Use of Birth Control

No Use Used birth control pills Length of use _____

Pregnancies

No pregnancies Age at first pregnancy _____ Number of pregnancies _____
 Miscarriages _____ Breast feeding- yes Breast feeding- no

Children

No children Boys _____ Girls _____

Menopause

Age at menopause _____ Hormone replacement therapy Last used _____ No HRT
 Hysterectomy _____ Age at hysterectomy _____

Breast Biopsy

Date Breast Biopsy _____ Done at _____ No biopsy

Health Maintenance:

Maintenance/Screening Tests

Mammogram Last Mammo Date: _____ Mammogram results: _____
 Frequency of mammograms _____ Location of mammogram _____
 Self-Breast Exam Colonoscopy Last Colonoscopy Date: _____
 Physical exam Digital rectal exam Papsmear Last pelvic exam: _____
 Papsmear results _____ Bone Density Last Bone density Date: _____
 Stool for Guaiac Last stool Guaiac Test: _____
 Cardiac stress test Last chest x-ray _____ PSA Last PSA Date: _____
 Testicular exam: _____
 Pneumovax Flu vaccine Hepatitis vaccine

Personal Habits

Exercise

No exercise Regular exercise Type of exercise _____ Frequency of exercise _____

Sun Exposure

No exposure Frequent exposure Use of sunblock SPF: _____

Dietary History

Vegetarian Vegan Meat Fruit Vegetables Salt use Fat

Sexual History

Negative
 Positive Multiple Sexual partners Heterosexual Homosexual Bisexual
 Erectile Dysfunction Low libido Vaginal dryness



Past Surgical History

- Hysterectomy Cholecystectomy Appendectomy Tonsillectomy Open Heart Bypass
- Hernia repair Other _____

Social History

Tobacco Use

- Not Asked Never Former Date stopped and pack years _____
- Current Pack years _____ Second Hand Smoke exposure

Alcohol Use

- Not asked Never Mild Heavy Moderate Former

Illicit Drug Use

- Negative Positive Marijuana Cocaine Heroine Other _____

Occupational Exposure

- Type of occupational exposure _____ No occupational exposure

Living arrangements

- With spouse Alone With Children Skilled Nursing Facility Other _____

Marital Status

- Married Widowed Divorced Single

Primary occupation: _____

Secondary occupation: _____

Family History

Father

- Father-alive Father-deceased Father's health history _____

Mother

- Mother-alive Mother-deceased Mother's health history _____

Sister(s)

- Sister(s)-alive Sister(s)-deceased Sister(s) health history _____

Brother(s)

- Brother(s)-alive Brother(s)-deceased Brother(s) health history _____

Children

- No children
- Son(s) _____ Son(s) health _____ Daughter(s) _____ Daughter(s) health _____

Ethnic Background

- Mother's ethnic background _____ Father's ethnic background _____

Family History of Bleeding Disorders

- Negative Positive _____

Other Family History of Significance

- Negative Positive _____



Family Breast Cancer History

- Negative Positive Father Mother Sister Brother Maternal Grandmother
- Maternal Grandfather Paternal Grandmother Paternal Grandfather

Family Ovarian Cancer History

- Negative Positive Mother Sister(s) Maternal Grandmother
- Paternal Grandmother

Family Colon Cancer History

- Negative Positive Mother Father Sister(s) Brother(s) Maternal Grandmother
- Maternal Grandfather Paternal Grandmother Paternal Grandfather

Family Prostate Cancer History

- Negative Positive Father Brother(s) Maternal Grandfather
- Paternal Grandfather

Other Family Cancer History

- Other _____ Mother _____ Father _____ Sister(s) _____
- Brother(s) _____

Breast Cancer Family Syndrome

- Not asked None Suspicion of BRCA-1 Suspicion of BRCA-2 Suspicion of P53

Advanced Directive and Code Status

Advance Directive

- Has Does not have

Code Status

- Full Code DNR Code status discussed on _____ Not discussed

Medical Conservator

- Has a medical conservator Does not have