

STAT Cancer Clinic Medical History

Shaded Areas to be filled in by Staff and Physicians

Patient Name: _____ Date: _____

DOB: _____ Phone: _____

Emergency Contact: _____ Alternate Phone: _____

Reason for Visit: _____

Physicians that you currently see: _____

History of Present Illness : _____

Past Medical History

<i>Please circle all those that apply</i>	Yes:	No:	Date/Comments
Cancer			
Cardiovascular: HTN / High Cholesterol / Triglycerides Heart Attack / Pace Maker / CHF / Angina Bleeding/Clotting problems, Severe Shortness of Breath			
Endocrine: Diabetes / Hepatitis / Cirrhosis / Thyroid Disease			
Gastrointestinal: Hiatal Hernia / Bleeding Ulcers / Rectal Bleeding / Reflux (GERD) / Crohn's Disease / Ulcerative colitis / Stomas			
Genitourinary: Kidney Stones / Dialysis / Prostate Problems / UTI			
Neurologic: Epilepsy / Severe Headaches / Muscle Weakness / TIA-Stroke / Parkinson's			
OB/GYN: LMP Female Problems / Currently Pregnant / Menopause			
Musculoskeletal: Arthritis / Neck Pain / Back Pain / Gout, Joint Replacement			
Psychiatric: Depression / Anxiety			
Respiratory: Bronchitis / TB / Asthma / COPD			

Vital Signs (These will be taken at your appt. time)

BP _____ P _____ T _____ R _____ Pulse Ox _____ O2L/Min _____

Pain Score 0-10 _____ Ht. _____ Wt. _____

WellStar Health System

- Cobb Douglas Kennestone
 Paulding Windy Hill

PATIENT IDENTIFICATION STICKER

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Social History

<i>Please circle the answer to the following questions:</i>				
Marital Status :	Single	Married	Divorced	Other
Living Situation:	Alone	Family	Other _____	
	Single Family Home	Apartment	Assisted Living	Nursing Home
Occupation	_____		Full Time	Part-Time
			Retired	

Habits

<i>Please circle the answer to the following questions:</i>	<i>How Much?</i>	<i>How Long?</i>
Smoke? Cigarettes Pipe Cigars		
Drink Alcohol? Yes No Quit		
Use Recreational Drugs? Yes No Quit		

Physical Exam

HENT: _____

Neck: _____

Lungs: _____

Heart: _____

Abdomen: _____

Extremities: _____

Communication: English Yes No If no, language spoken: _____

Interpreter Yes No

Learning Assessment:

How would you like to receive your information? Written Verbal Video Demo

Other: _____

Religious/Spiritual/Cultural:

Do you have any religious, spiritual, or cultural considerations that we need to be made aware of?

Yes No

If yes, please specify: _____

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