

# Cancer Pre-Screening Assessment Questionnaire

Please complete this form, print a copy for your records and fax it to (260)266-9088

Name:  Age:  Date of Birth:

Marital Status:  Male Female

Address:

City:  State:  Zip:

Home Phone:  Work Phone:  Best DayTime Phone:

E-Mail:

## Reasons For Procedure:

### Colonoscopy

Surveillance (Family Hx Colon Cancer/Polyps)  
Screening (No Symtoms)  
Personal Hx Colon Cancer/Polyps

### Gastroscopy

Reflux  
Barrett's  
Epigastric Pain  
Trouble Swallowing

How Long:

Frequency:

Allergies/Reaction:

Current Medications:

Bring a list the day of your procedure. **NOTE:** Blood thinners (ASA, Coumadin, Ticlid, Plavix, Vitamin E), Iron Supplements, and Arthritis Medications must be stopped 3 days prior to procedure.

Past Surgeries:

## Medical History:

Height:  Weight:

### Cardiovascular

Yes

No

Valve Disease

Stents

Cardiac Bypass

Stroke

Rheumatic Fever

Congestive Heart Failure

Automatic Implantable

Heart Attack

Cardiac Difibrillator/Pacemaker

High Blood Pressure

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## Medical History (cont.):

<b>Respiratory</b>	Yes	No	<b>Other</b>	Yes	No
Shortness of Breath			Diabetic		
Asthma			Kidney Disease		
Home Oxygen			Seizures		
Emphysema			Known Infectious Disease		
Smoker			Any Implantable Device? Specify:		
Sleep Apnea					
CPAP					

## Emergency Contact:

Name:  Phone:

Relationship:

Family Doctor:  Phone:

Address:

City:  State:  Zip:

Send a copy of screening report?      Yes      No

## Employer Information:

Company Name:  Phone:

Address:

City:  State:  Zip:

## Insurance Information:

Primary Carrier:  Phone:   
(company) (Provider Service)

Name:  Relationship:   
(Policy Holder)

Date of Birth:  ID #:

Group Name:  Group #:

Employer:

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## Secondary Insurance Information:

Carrier:   
(company)

Phone:   
(Provider Service)

Name:   
(Policy Holder)

Relationship:

Date of Birth:

ID #:

Group Name:

Group #:

Employer:

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Would you like us to send you an information packet about cancer screening?      Yes      No

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Once we receive your form, the confidential information will be reviewed and a medical staff member will contact you to verify all information and schedule your cancer screening.

Thank you.