SUNCOAST CANCER INSTITUTE
THE POWER TO CARE

NEW PATIENT HEALTH HISTORY FORM

Name: (First, MI, Last)_____ M____ F____ DOB:_____

Marital status: ☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Occupation: ☐ Retired ☐ Homemaker ☐ Working.

Current Medications:

Check Here ☐ if you brought a list of medications that may be copied into your chart.

Name of drug & dosage:

1._____ 5._____
2._____ 6._____
3._____ 7._____
4._____ 8._____

Allergies to Medications: ☐ **No Known Drug Allergies**

☐ Known Drug allergies: List drug and reaction. _____

☐ Penicillin ☐ Sulfa ☐ Other_____

Past Medical History:

☐ Abnormal Bleeding	☐ Diabetes	☐ IBS
☐ AIDS	☐ Epilepsy	☐ Kidney Disease
☐ Alcoholism	☐ Glaucoma	☐ Kidney Stones
☐ Anemia	☐ Gout	☐ Liver Disease
☐ Arthritis	☐ GERD	☐ Miscarriage
☐ Asthma	☐ H. pylori	☐ Osteoarthritis
☐ BPH	☐ Hearing Loss	☐ Pacemaker
☐ Breast Lump	☐ Hepatitis	☐ Pneumonia
☐ Bronchitis	☐ Herpes	☐ Rheumatoid Arthritis
☐ Cancer	☐ High Cholesterol	☐ Stroke
☐ Chemical Dependency	☐ HIV positive	☐ STD
☐ Cataracts	☐ Hypertension	☐ Tuberculosis
☐ CHF	☐ Hyperthyroidism	☐ Peptic Ulcer Disease
☐ Coronary Artery Dis	☐ Hypothyroidism	☐ Valvular heart disease

Hospital Admission/Surgeries & Date:

1._____
2._____
3._____

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Female Health History: (Males skip to Male Health History Section Below)

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

Screening Tests

☐ Papsmear ☐ Last pelvic exam:_____ ☐ Papsmear results_____

☐ Mammogram ☐ Last Mammo Date:_____ ☐ Mammogram results:_____

☐ Frequency of mammograms_____ ☐ Location of mammogram_____

☐ Self-Breast Exam Date:_____

Family Breast Cancer History

☐ Negative ☐ Positive ☐ Self ☐ Father ☐ Mother ☐ Sister ☐ Brother ☐ Maternal Grandmother

☐ Maternal Grandfather ☐ Paternal Grandmother ☐ Paternal Grandfather

Breast Cancer Family Syndrome

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

Breast Biopsy

☐ Date Breast Biopsy_____☐ Done at_____ ☐ No biopsy

Family Ovarian Cancer History

☐ Negative ☐ Positive ☐ Mother ☐ Sister(s) ☐ Maternal Grandmother

☐ Paternal Grandmother

☐ Vaginal infections ☐ Vaginal dryness

Male Health History: (Females skip to General Health History Section Below)

Family Prostate Cancer History

☐ Negative ☐ Positive ☐ Father ☐ Brother(s) ☐ Maternal Grandfather

☐ Paternal Grandfather

☐ Testicular exam:_____

☐ PSA ☐ Last PSA Date:_____

☐ Erectile Dysfunction

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General Health History – ALL Patients Please Answer

Health Maintenance:

Maintenance/Screening Tests

☐ Colonoscopy ☐ Last Colonoscopy Date:_____

☐ Physical Exam Date: _____ ☐ Digital rectal exam Date:_____

☐ Bone Density ☐ Last Bone density Date:_____

☐ Stool for Guaiac ☐ Last stool Guaiac Test:_____

☐ Cardiac stress test Date:_____ ☐ Last chest x-ray_____

Vaccines

☐ Pneumonia ☐ Flu ☐ Shingles ☐ Hepatitis ☐ Other _____

Personal Habits

Exercise

☐ No exercise ☐ Regular exercise ☐ Type of exercise_____ ☐ Frequency _____

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

☐ Low libido

Past Surgical History

☐ Cholecystectomy ☐ Appendectomy ☐ Tonsillectomy ☐ Open Heart Bypass

☐ Hernia repair ☐ Other_____

Social History

Living arrangements

☐ With spouse ☐ Alone ☐ With Children ☐ Skilled Nursing Facility ☐ Other_____

Tobacco Use

☐ Never ☐ Former ☐ Date stopped and pack years_____

☐ Current ☐ Pack years_____ ☐ Second Hand Smoke exposure

☐ E Cigarettes/Vaping ☐ Chew/Dip/Snuff: frequency _____

Alcohol Use

☐ Not asked ☐ Never ☐ Mild ☐ Heavy ☐ Moderate ☐ Former

Consumption: _____

Drug Use

☐ Negative ☐ Positive ☐ Marijuana ☐ Cocaine ☐ Heroine ☐ Other_____

Occupational Exposure

☐ Type of occupational exposure_____ ☐ No occupational exposure

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Family History

Father

☐ Father-alive Age _____ ☐ Father-deceased - Age _____

Father's health history_____

Mother

☐ Mother-alive Age _____ ☐ Mother-deceased - Age _____

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

_____

Family Colon Cancer History

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

Other Family Cancer History

☐ Other_____ ☐ Mother_____ ☐ Father_____
☐ Sister(s)_____ ☐ Brother(s)_____
☐ Other Relatives_____