NEW PATIENT SELF ASSESSMENT TOOL

DEPARTMENT OF RADIATION ONCOLOGY
NASH CANCER TREATMENT CENTER
252-962-8947
DR. LAURA JACIMORE

To help us to know you and to be able to help plan your care, we need to know some facts about you and what some of your concerns are. If you will fill out this form, it will help us know better how to help you. *All is confidential.*

Your Name: _________________________________ Date: _________ Time: ______

Referring Doctor: __________________________ Family Doctor: _______________________

Surgeon: _________________________________ Cancer Doctor: _______________________

Drug Store: _______________________________ Reason for Visit: ___________________

When were you told or diagnosed with cancer?

______________________________________

Did you have a North Carolina Advance Directive (Living Will)? If yes, please bring it with you.
If no, Do you want to get one? __________

Medical History (Check all that apply and write when diagnosed or how long you have had these illnesses):

☐ Heart disease, Heart Attack, Angina, Congestive Heart Failure

______________________________________

☐ Stroke

______________________________________

☐ Diabetes

______________________________________
Lung Problems: Bronchitis, pneumonia, emphysema, cancer

Ulcers (stomach/or skin) Hernias (groin ruptures, hiatal)

Bowel Problems (colon cancer, diverticulitis, spastic colon, irritable bowel syndrome, colitis, hemorrhoids, constipation).

Kidney disease/ kidney stones/ bladder infections/ frequency of urination/ blood in urine/ burning/ unable to get stream started

TB, Hepatitis, HIV, shingles, Cataracts, Glaucoma, Arthritis, Thyroid Disease, Skin Cancers, Mental Illness, Sickel Cell, Lupus

Broken Bones requiring plates, pins, or screws (any metal in your body?); Pacemaker

Operations (give year and place).

History of previous chemo therapy or radiation therapy (when/where)

Allergies to food or medicine
Do you smoke, dip or chew tobacco? Yes / No (circle one)
If so, How Long __________ How Much__________ When did you quit__________
Alcohol consumption Yes / No (circle one) If Yes, How often____________________
Marijuana/Cocaine: Yes / No (circle one) If Yes, How often ___________________

**Family History of Cancer**

Family history of cancer (father, mother, sisters, brothers or children, grandparents, etc.)

Social History

Married / Single / Divorced / Widowed / Separated (circle one) Do you live alone (Y / N)
What is your occupation? ___________________________________________________
If retired, what did you do? _________________________________________________
Religion____________________________ How do you feel today? ________________
Any problems with your vision/glasses (Y / N) circle one
Check all that apply

- Hearing Aides
- Seizures
- Nausea/Vomitting
- Cough
- MRSA
- Difficulty Swallowing

- Speech Problems
- Memory problems
- Use Oxygen
- Indigestion
- Dentures

Any open wounds today ________________________________
How many meals do you eat a day_________ How is your appetite__________________
Weight Change recently (Y / N) _________________ What is your normal weight____
Females only:

Age of first period ______ Age of Menopause ______ Did you take hormones (Y/N)

Number of pregnancies _____ Deliveries _____ Number of living children today _____

If you have pain where/ what helps it? __________________________________________

Do you have transportation to radiation therapy? Yes / No

Do you drive? Yes / No  Who will come with you? _____________________________

Do you have any concerns or questions about your sexual activity? Yes / No

Please bring all your medications with you on your visit
Caring Bridge

Nash Health Care is proud to offer CaringBridge: a free, non-profit, easy-to-use Internet service that keeps family and friends informed about a loved one’s medical condition. CaringBridge can be used to provide information on medical treatments, childbirth, rehabilitation and end-of-life care. The web pages created are password-protected and private, so only designated friends and family can view the page. It cannot be found by internet search engines.

**How does CaringBridge work?**

Creating a CaringBridge is fast, easy and secure. Using a simple online template, you can make a personalized page that allows you to post journal entries, photographs and condition updates. This service allows you to focus your energy on the loved one who is need of healing. Visitors who are given the website address and password can view updates and post their own messages of support.

Select the link below to start building your Bridge:

http://www.caringbridge.com