



Chattanooga's Program In Women's Oncology
 Comprehensive Cancer Care for Women
Let us guide you through your storm.

102 Central Avenue
 Chattanooga, Tennessee 37403
 Phone: (423) 266-3636
 Fax: (423) 266-3633

Follow-up Intake Questionnaire:

Name: _____ Date: _____

Best Contact for You? _____

Home phone _____ - _____ - _____

Cell phone _____ - _____ - _____

Work phone _____ - _____ - _____

e-Mail: _____

Address: (Fill-in if changed from your last visit or write "same".)

What problems do you have today? _____

Do you need prescriptions refilled? _____

What issues to you want the doctor to address? _____

Changes/Additions since your last visit;

Wt _____ BP _____ Pulse _____ Temp _____ Age _____

When was your last;

Mammogram _____ Has it ever been Abnormal? Y N

Pap Smear _____ Has it ever been Abnormal? Y N

Colonoscopy _____

Current Medications; _____

(continued on next page)

Allergies:

Past Surgical History: Date of surgery (Unchanged from last visit) _____

Review of systems:

No changes since last visit	<input type="checkbox"/>		Frequent Urination	Y	N
Can you see	Y	N	Blood in your urine	Y	N
Do you hear normally	Y	N	Menstrual abnormalities	Y	N
Are you short of breath	Y	N	To much bleeding	Y	N
Do you have:			Bleeding between periods	Y	N
Abdominal pain	Y	N	Period lasting to long	Y	N
Pelvic pain	Y	N	Pelvic relaxation of	Y	N
Chest pain	Y	N	Bladder	Y	N
Nausea	Y	N	Vagina	Y	N
Vomiting	Y	N	Rectum	Y	N
Constipation	Y	N	Do you sleep normally	Y	N
Diarrhea	Y	N	To much sleep	Y	N
Bowel movement changes	Y	N	Unable to sleep	Y	N
Blood in your stool	Y	N	New skin rash/Irritation	Y	N
Vaginal bleeding	Y	N	Appetite Normal	Y	N
Changes with urination:			Energy Level Normal	Y	N
Urinary Incontinence	Y	N	Sexual Function Normal	Y	N
Painful urination	Y	N	Chages in Weight?	Y	N
			How much? + _____/- _____		