

Initial Cancer Inquiry Report Form

1. Name of Patient: _____
2. Name of person providing information: _____
3. Relationship to the patient: _____
4. Date of birth of the patient: ____/____/____ 5. Age at last birthday: ____/____/____
6. Address of patient: _____
7. Length of residence in community: _____
8. Patient's race: _____ Ethnicity: Hispanic? ____ Yes ____ No
9. Patient's gender: _____ Male _____ Female
10. Date of diagnosis (month & year): _____
11. Type of cancer (please specify the original cell type and body organ(s) affected):

12. Name & telephone of primary physician: _____

13. Please list any other major health problems the patient has had (include major illnesses, long term conditions, sensitivities, etc.): _____

14. Patient's work history (please include the occupation, industry and length of employment for each major job—begin with the current or most recent job): _____

15. If other family members have had cancer, please list their relation to the patient and the type of cancer (include parents, grandparents, siblings, aunts and uncles): _____

16. Does the patient presently smoke tobacco, or has the patient smoked tobacco in the past?

_____No _____Yes Number of years of smoking:_____

17. Is there anyone in the household who presently smokes tobacco, or has smoked during the patient's lifetime? _____No _____Yes

Number of people who smoke or smoked:_____

18. What is the source of drinking water for the patient's residence?_____

19. Please list major hobbies that are practiced in the patient's residence?_____

20. If you have any thoughts about what may have caused or contributed to the cancer, please list them:_____

Thank you for taking the time to complete this form. If there is any other information you think is relevant, please include it on an additional sheet of paper. Please mail, fax or email the completed form to the following address:

Oregon State Cancer Registry
800 NE Oregon St., Ste. 730
Portland, OR 97232
Tel: (971)673-0986
Fax: (971)673-0996
TDD-Nonvoice:(503) 731-4031
Email: OSCaR.ohd@state.or.us
Web: www.healthoregon.org/oscar

This form is available in alternative formats.