

# EXPERT CANCER CARE Questionnaire

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender:  Male  Female

Are you a:  Survivor  
 Family/Friend  
 Medical Professional

*Florida Hospital wants you to be aware of your screening options available because the best way to reduce the incidence of cancer is to encourage a preventive culture in the communities we serve.*

\_\_\_\_\_ I consent for Florida Hospital to contact me regarding the results of my assessment



*By participating in this quiz, or screening or health assessment, I recognize and accept all risks associated with it. I understand that the program will only screen for certain risk factors and does not constitute a complete physical exam. For the diagnosis of a medical problem, I must see a physician for a complete medical exam. I release Florida Hospital and any other organization(s) involved in this screening, and their employees and agents, from all liabilities, medical claims or expenses which may arise from my participation. Thank you for investing in your health by participating today.*

## Cervical Cancer:

**Two screening tests help find cervical cancer and can even help prevent the cancer from developing.**

If you are over the age of 21, have you ever had a Pap Test?

- Yes  No

When was your last Pap Test?

- Within a year  1 year ago  2-3 years ago

If you are over the age of 21, have you ever had a HPV test?

- Yes  No

When was your last HPV Test?

- Within a year  1 year ago  2-3 years ago

## Colorectal Cancer:

**At age 50, every man and woman is at average risk for developing colorectal cancer and should get a colonoscopy screening.**

If you are over the age of 50, have you ever had a Colonoscopy?

- Yes  No

When was your last Colonoscopy?

- Within a year  1 year ago  2-3 years ago

## Lung:

**The American Lung Association recommends lung cancer screening with low-dose CT scans for people who meet certain criteria.**

Do you have any family history of lung cancer?

- Yes  No

Do you currently smoke cigarettes?

- Yes  No

Have you smoked an average of 30 packs per year?

- Yes  No

If you answer yes to the above questions, have you ever had a low dose CT?

- Yes  No

## Prostate:

**Prostate cancer can often be found early and all men should be tested.**

If you are a man over the age of 40, have you ever had a prostate test?

- Yes  No

When was your last Prostate Examination?

- Within a year  1 year ago  2-3 years ago

## Skin:

**A skin cancer screening is a visual inspection of your skin by a medical professional. No blood work is conducted at this type of screening.**

Have you had excessive exposure to sun?

- Yes  No

Have you ever had a skin examination by a medical professional?

- Yes  No

When was your last skin examination?

- Within a year  1 year ago  2-3 years ago