

# ORAL CANCER RISK ASSESSMENT INPUT FORM

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ DATE \_\_\_\_\_

## Patient and Family History

Patient Cancer History	
Breast	Skin
Colon/ Rectum	Urinary/ Bladder
Lung/ Bronchus	Uterine
Oral Cavity	Other
Prostate	None

Parent's/Brother/Sister Cancer History	
Breast	Skin
Colon/ Rectum	Urinary/ Bladder
Lung/ Bronchus	Uterine
Oral Cavity	Other
Prostate	None

### Race

- a) White non-Hispanic
- b) White Hispanic
- c) Black
- d) Chinese
- e) Filipino
- f) Hawaiian
- g) Japanese
- h) Korean
- i) Vietnamese
- j) Other

## Patient Information

Cigarette Use      a) Never used      Age Began Smoking Cigarettes \_\_\_\_\_  
                                  b) Former smoker  
                                  c) Less than 10 per day      Year Quit \_\_\_\_\_  
                                  d) More or equal to 10 a day

Cigar/Pipe Use      a) Never used      Age Began Smoking Cigar/Pipe \_\_\_\_\_  
                                  b) Former smoker  
                                  c) Less than 1 per day      Year Quit \_\_\_\_\_  
                                  d) 1-2 per day  
                                  e) More than 2 per day

Smokeless Tobacco Use      a) Never used      Age Began Smokeless Tobacco \_\_\_\_\_  
                                  b) Former user  
                                  c) Occasional user      Year Quit \_\_\_\_\_  
                                  d) Daily user

Alcohol Use      a) Never had more than 12 drinks in any year of life  
                                  b) Consumed more than 12 drinks in any one year, but not the past year  
                                  c) Consumed more than 12 drinks in the past year but less than 3 per week on average  
                                  d) Consumed between 3 and 14 drinks per week on average in the past year  
                                  e) Consumed 2 but not more than 3 per day on average in the past year  
                                  f) Consumed 3 or more per day on average in the past year

### OFFICE USE ONLY

Oral Cancer Exam	a) Clinical examination will be done later in the appointment	
	b) No lesions were visualized during the examination	
	c) Lesions were visualized during the examination	
Visualized Lesions	White lesion	Swelling
	Red lesion	Tissue enlargement
	Red-white lesion	Induration (tissue hardness)
	Ulcer	Non-odontogenic x-ray lesion