CAMDEN COUNTY CANCER SCREENING PROJECT

(856) 968-7308 (856) 968-7825 (856) 968-7324

Date of Intake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *MS. MRS. MISS SEX F M* | RACE ETHNICITY LANGUAGE |
| FIRST NAME | SOCIAL SECURITY# |
| LAST NAME | DOB AGE |
| MIDDLE NAME FORMER NAME | PRIMARY PHYSICIAN |
| MARITAL STATUS*SINGLE MAR DIV SEP WID* | EMERGENCY CONTACT  |
| ADDRESS | RELATION TO PATIENT |
| CITY STATE ZIP | HOME/CELL # |
| CELL PHONE # HOME PHONE # | EMPLOYED FULL/PART TIME |
| \* Please send results to: Evelyn Robles-Rodriguez, DNP  3 Cooper Plaza, Suite 310 FIT  |

**Have you ever had a colonoscopy?** No \_\_\_\_\_\_ Yes \_\_\_\_\_ When\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Smoker:** No \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_ # of Packs per day \_\_\_\_\_\_\_ # of Years Smoking \_\_\_\_\_\_\_\_

**If smoker, interested in quitting:** Yes **\_\_\_\_\_** No **\_\_\_\_\_**

**Would you like us to contact you regarding free smoking cessation programs?** Yes **\_\_\_\_\_** No **\_\_\_\_\_**

**Type of Outreach/Referred By: \_**March Employee Outreach Event