

As part of our professional responsibility to you we conduct routine annual oral pharyngeal examination to screen for oral cancer which has been on the rise the last several years. This routine screening is considered the standard care. Please help us with your examination by filling out the confidential screening form below that covers the known risk factors for oral cancer.

Oral Pharyngeal Cancer Screening Form

- Do you smoke cigarettes? _____ How much do you smoke? _____ How long have you smoked? _____
- Have you ever been a smoker of any kind i.e. cigars, clove cigarettes etc? _____
- Have you quit smoking? _____
- If so, how long since you stopped smoking? _____ and what form of smoking? _____
- Have you ever used Betel quid, snuff, smokeless (please circle)
- Marijuana use? _____ How often? _____ How much? _____
- Do you drink Alcohol? _____ quantity per week _____ frequency? _____
- Alcohol history for how long _____ Have you quit? _____ How long ago? _____
- Transplant (Bone, liver, kidney)? _____
- Anti-rejection medications? _____
- Human papilloma virus history (vaccination)? _____
- Immunosuppression drugs/condition? _____