

**LAKE ORION ROCHESTER
ONCOLOGY**

Tel (248) 693-6238

Fax (248) 693-7649

HEALTH SCREENING CHECK LIST

Your name.....

Date of birth:.....

Today's date:

Please fill out best you can remember:

SMOKING – choose one:

- CURRENT_____ how much?_____
- PAST_____ WHEN Quit?
- NEVER_____

COLONOSCOPY DATE_____

MAMMOGRAM DATE: _____

Females: LAST PAP SMEAR:_____

PNEUMOCOCCAL VACCINE: _____

FLU VACCINE:_____

ADVANCE DIRECTIVE AND/OR POWER OF ATTORNEY in place? Y or N

(Form issued 7/15)

720 North Lapeer Road, Ste 102;Lake Orion, MI 48362