

Create Oral Cancer Exam For _____

Oral Cancer Exam Date ____/____/____

Prepared By _____

Medical History

- Has History of Oral Cancer

Completed the HPV (Human Papillomavirus) vaccine series

- Yes
 No
 Unknown/Prefer not to answer

Cigarette Smoking

- Never Smoked

- | Smoke(d) | Smoke(d) | Quit |
|---|--|--|
| <input type="radio"/> less than 10 cigs/day | <input type="radio"/> less than 10 years | <input type="radio"/> less than 10 years ago |
| <input type="radio"/> 10 or more cigs/day | <input type="radio"/> 10 or more years | <input type="radio"/> 10 or more years ago |

Pipes/Cigars

- Never Smoked

- | Smoke(d) | Smoke(d) | Quit |
|---|--|--|
| <input type="radio"/> less than 1 cigar or pipe/day | <input type="radio"/> less than 10 years | <input type="radio"/> less than 10 years ago |
| <input type="radio"/> 1 or more cigar or pipes/day | <input type="radio"/> 10 or more years | <input type="radio"/> 10 or more years ago |

Smokeless (Chewing) Tobacco

- Never Used

- | Use | Use | Quit |
|--------------------------------------|--|--|
| <input type="radio"/> Occasional use | <input type="radio"/> less than 10 years | <input type="radio"/> less than 10 years ago |
| <input type="radio"/> Daily Use | <input type="radio"/> 10 or more years | <input type="radio"/> 10 or more years ago |

Vaping Products

- Patient currently uses vaping products

Alcohol Use (Average number of drinks consumed in the past year)

Note: 1 drink equals

Beer	12 ounces or 355 milliliters	5% alcohol
Wine	5 ounces or 150 milliliters	12% alcohol
Spirits	1.5 ounces or 45 milliliters	40% alcohol

- None
 Less than 1 drink per day
 1 drink per day
 2 drinks per day
 3 or more drinks per day