

Create Oral Cancer Exam For _____

Oral Cancer Exam Date ____/____/____

Prepared By _____

Has History of Oral Cancer

Has History of Oral Cancer

Cigarette Smoking

Never Smoked

Smoke(d)

- less than 10 cigs/day
- 10 or more cigs/day

Smoke(d)

- less than 10 years
- 10 or more years

Quit

- less than 10 years ago
- 10 or more years ago

Pipes/Cigars

Never Smoked

Smoke(d)

- less than 1 cigar or pipes/day
- 10 or more 1 cigar or pipes/day

Smoke(d)

- less than 10 years
- 10 or more years

Quit

- less than 10 years ago
- 10 or more years ago

Smokeless (Chewing) Tobacco

Never Used

Use

- Occasionally use
- Daily Use

Use

- less than 10 years
- 10 or more years

Quit

- less than 10 years ago
- 10 or more years ago

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

Note: 1 drink equals

Beer	16 ounces or 1 pint	5% alcohol
Wine	6 ounces or 175 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

Report Settings

Treatment Options

Model this Patient

Save for Later

Finish