



MONTANY

Mat 25:40

Thoracic, Vascular & General Surgery

What is the reason for your visit today? _____

Have you had any imaging for this problem? (X-ray, CT scan, PET scan, ultrasound, mammogram, etc) YES / NO

If yes, what type of imaging? _____

Where was it done? _____

If you are **female** and over the age of **40**:

Have you ever had a **mammogram**? YES / NO

If so, when/where? _____

Who ordered it? _____

What were the results? _____

Do you have breast cancer in your family? _____

If you are either **male or female** and over the age of **45**:

Have you ever had a **colonoscopy**? YES / NO

If so, when/where? _____

Who did it? _____

What were the results? _____

Do you have colon cancer in your family? _____

If you are either **male or female** and between **55-77 (80)**:

Do you/did you **smoke cigarettes**? YES / NO

If so, for how many years? _____ ≥ 30 pk/yr

When did you start? _____

How many packs per day on average? _____

If you quit, when? _____ < 15 yr ago

Do you/did you have lung cancer? _____

Do you vape? _____

Office Use

screening colonoscopy – Z12.11

screening breast eval – Z12.39

hist tob abuse – Z87.891

pers hist colon polyps – Z86.010

initial visit – G0296

fam hist colon cancer – Z80.0