



WELLNESS DISEASE PREVENTION SCREEN

NHBP Health Department’s priority is you, the whole you. Prevention of major illness, disease and disabilities is vital to you and the next generation of NHBP Tribal members. We request that you are thoughtful in your answers to allow the formation of a prevention and screening plan that applies to your unique circumstances and family history.

YOUR PERSONAL HEALTH HISTORY REGARDING CANCER SCREENS

CANCER PREVENTION SCREEN	NO	YES	IF YES, PLEASE ANSWER	
Have you ever been told you have Cancer?			What kind?	When?
Have you ever had a Colonoscopy?			Where?	When?
Have you ever had a stool blood test?			When?	Result
Have you been tested for Hepatitis B or C?			When?	Result?

Men Only:

Have you had a test for Prostate Cancer?			Normal	Abnormal
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Women Only:

Have you had a test for Cervical Cancer?			Normal	Abnormal
Have you ever had a Mammogram?			Where?	When?
Have you had a test for Ovarian Cancer?			Why?	Result?

YOUR FAMILY HISTORY OF CANCER (This applies only to Blood relatives)

RELATIVE	NO	YES	TYPE	AGE DIAGNOSED	SURVIVED?	DECEASED?
Mother						
Father						
Sister						
Brother						

If you have information of known cancers of GRANDPARENTS AUNTS and UNCLES please indicate which side of your family (Mother or Father’s side) and type of cancer. You may use the back of this form to indicate who, what kind of cancer and age of diagnosis, if known.

Name: _____ Date: _____ Reviewer Initials: _____