Oral Cancer Screening Questionnaire

Personal Information

Full Name

Age

Gender

Medical & Lifestyle History

Do you smoke tobacco?

Yes

No

Do you use smokeless tobacco (chewing, snuff)?

Yes

No

Do you consume alcohol?

Yes

No

Any family history of oral cancer?

Yes

No

Symptoms

Have you noticed any of the following?

Sore in the mouth that doesn't heal

Lump or thickening in the cheek

Unexplained bleeding in the mouth

Numbness of tongue or mouth

Persistent pain in mouth/throat

Other

Comments

Additional Information