REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM
PATIENT REGISTRATION FORM

1. **Referral Hospital** :..... 2. **CR No** :.....
3. **Name of Patient** :.....
4. Date of Birth(dd/mm/yy):☐☐ ☐☐ ☐☐☐☐ 5. Age:..... 6. Male / Female/Transgender
7. Name of Father :..... 8. Name of Mother::.....
9. Name of Spouse : ..... 10. Religion : Hindu / Muslim / Christian / Others
11. Marital Status : Single / Married / Widower / Divorced / Separated / Others (✓ applicable)
12. Mother Tongue: Malayalam / Tamil / Kannada / Telugu / Others
13. Education :..... 14. Occupation :..... 15. Nationality :.....
16. Ration Card No :..... 17. Aadhar No :..... 18. Passport No :.....
19. Are you included in any welfare scheme? Yes / No. 19 a. If Yes , specify.....
20. PAN No :..... 19 b. General / OBC / SC / ST / Others specify
21. Monthly Family Income :.....

ADDRESS (PERMANENT)

22. House Name / TC No. :.....
23. Place 1 :..... 24. Place 2 :.....
25. Panchayath :..... 26. Taluk :.....
27. Post Office :..... 28. District :.....
29. State :..... 30. PIN :.....
31. Phone No. with STD Code :..... 32. Mobile 1 :.....
33. Email address :..... 32 a.Mobile 2:.....
34. Duration of stay in this address : ..... (years)

ALTERNATE ADDRESS/ (Different from permanent address)

35. Name :..... 36. Relationship :.....
37. House Name/ No :..... 38. Place 1 :..... 39. Place 2:.....
40. Panchayath :..... 41. Taluk :.....
42. Post Office :..... 43. District :.....
44. State :..... 45. PIN :..... 46. District :.....
47. Mobile 1 :..... 47a. Mobile 2 :..... 48. Email address:.....

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49. Have you taken any treatment earlier from RCC ? Yes / No
50. "I agree to receive all communications (Alerts through SMS/Voice/E-mail.etc) from Regional Cancer Center, Thiruvananthapuram." : Yes / No
51. Information provided by: patient / relative

Name :..... Relationship :..... Signature :..... Date :.....

PROFORMA

(Patient identity will be kept confidential. Collected information will be used only for statistics complication)

1. Height (cm) :..... 2. Weight (kg) :.....

3. **a. Family history of cancer** Yes / No (✓ suitable)

b. If yes

Sl. No	RELATION	SITE OF CANCER & AGE AT DIAGNOSIS
i	Father ☐	
ii	Mother ☐	
iii	Brother ☐	
iv	Sister ☐	
v	Son ☐	
vi	Daughter ☐	
vii	Other ☐	

4. Do you have the habits such as **Tobacco smoking / chewing / pan masala / Alcohol ?** Yes / No

Smoking

Have you ever smoked **Bidi / Cigarettes ?** **Yes / No**

If yes, (i) How old were you when you started ? .....

(ii) How many do you smoke per day ? .....

(iii) Are you still smoking ? **Yes / No**

(iv) If no, how old were you when you stopped smoking ? .....

Chewing

Have you ever used **betel chewing / pan masala ?** Yes / No

If yes, (i) How old were you when you started chewing ? .....

(ii) How often did you usually chew ? .....

(iii) Are you still using betel chewing / pan masala per day ? **Yes / No**

(iv) If no, how old were you when you stopped chewing ? .....

Alcohol use

Have you ever drunk alcohol sush as **Toddy / Arrack / Foreign liquor ?** Yes / No

If yes, (i) How old were you when you stopped drinking ? .....

(ii) How much did you usually drink per day ? (ml) .....

(iii) Do you still drink ? **Yes / No**

(iv) If no, how old were you when you stopped drinking ? .....

5. **Co-morbid conditions**

(i)	Diabetes	Yes / No	(v)	Tuberculosis	Yes / No
(ii)	Hypertension	Yes / No	(vi)	Hepatitis / HBsAg(+ve)	Yes / No
(iii)	Ischemic heart disease	Yes / No	(vii)	Others (Specify)	Yes / No
(iv)	Bronchial Asthma	Yes / No			

Information provided by : patient / relative

Name :..... Relationship :..... Signature :..... Date :.....