

BREAST CANCER



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. What was the date of diagnosis? _____
2. How was the cancer treated?
 - excisional biopsy only
 - lumpectomy or wide excision
 - mastectomy
 - radiation therapy
 - chemotherapy
 - hormonal therapy (tamoxifen)
3. List date treatment was completed? _____
4. Is client on any medications?
If yes, give full details (name, dosage, and reason for meds)
5. What stage was the cancer?
 - Stage 0 (in-situ)
 - Stage I
 - Stage II
 - Stage III
 - Stage IV
6. Were lymph nodes involved? _____
If yes, how many? _____
7. Has there been any evidence of recurrence?
 - yes; give details _____
 - no
8. Date and results of last mammogram: _____
9. Does client have any other health issues?
(Additional questionnaires may be required)