

CANCER-BLADDER



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. Date of diagnoses: _____

2. How was the cancer treated? (check all that apply)
 - Endoscopic resection only
 - Endoscopic resection and chemotherapy instilled in the bladder
 - Radical cystectomy (removal of the bladder)
 - Radiation therapy
 - Systemic chemotherapy

3. What stage was the cancer?
 - Tis T3a
 - Ta T3b
 - T1 T4
 - T2

4. Has there been any evidence of recurrence?
 - No
 - Yes; please give details: _____

5. Please give the date and result of the most recent cystoscopy and urine cytology:

6. What medications is client taking? (accurate name, dosage, and reason)

7. Are there any other health problems? (additional questionnaires may be required)

8. Has there been any evidence of recurrence? (if yes, give details)

9. Are there any other health problems?