

CANCER-BREAST



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 (accurate name, dosage, and reason)
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)