

## CANCER-TESTICULAR



CLIENT NAME: \_\_\_\_\_  
Submit the Client Information Questionnaire with this form

1. What was the date of diagnosis?
2. What was the type of testicular cancer?
3. Is there a family history of cancer? If yes, give details
4. How was the cancer treated?  
\_\_surgery \_\_ chemotherapy \_\_radiation therapy
5. List date treatment was completed: \_\_\_\_\_
6. What was the stage of the cancer?  
\_\_Stage I \_\_ Stage II \_\_Stage III
7. Has there been any evidence of recurrence? (if yes, give details)
8. Please give the date and result of most recent AFP or HCG test::
9. What medications is client taking? (accurate name, dosage, and reason)
10. Are there any other health problems?  
(Another questionnaire may be required)