

CANCER



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. What type of cancer was diagnosed?
2. List date of first diagnosis: _____
3. Is there a family history of cancer? If yes, give details:
4. How was the cancer treated?
surgery chemotherapy radiation therapy
hormonal therapy immunotherapy
other (give full details)
5. List date treatment was completed: _____
6. What was the stage and grade of the cancer?
7. Has there been any evidence of reoccurrence?
If yes, give details: _____
8. What did the pathology report reveal?
9. What medications is client taking? (accurate name, dosage, and reason)