

LEUKEMIA



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. List date of first diagnosis: _____

2. What is the current stage of the leukemia?
__ Stage 0 __ Stage I __ Stage II __ Stage III __ Stage IV

3. Is client on any medications? (accurate name, dosage, and reason, if unrelated to this condition)

4. Please provide results of the most recent CBC (complete blood count):
Date _____
Hemoglobin _____
White blood cell count _____
Platelet count _____

5. Does client have any other health issues? (additional questionnaires may be required)