

# CANCER

**AGENT NAME:** \_\_\_\_\_

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. What type of cancer was diagnosed? \_\_\_\_\_

2. List date of first diagnosis: \_\_\_\_\_

3. Is there a family history of cancer?  
 No  Yes; please 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?  No  Yes; please give details \_\_\_\_\_

8. What did the pathology report reveal? \_\_\_\_\_

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

(Accurate) Name of Medication	Dosage	Reason

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