

Client: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Cancer/Tumor**

Type? \_\_\_\_\_

Dates of First Diagnosis? \_\_\_\_\_

Pathology Report Available? Yes, Please Attach: \_\_\_\_\_

Cancer Grade: \_\_\_\_\_

Cancer Stage: \_\_\_\_\_

Cancer Size: \_\_\_\_\_

Number of Lymph Nodes Positive for Cancer: \_\_\_\_\_

Type of Treatment and Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Last Treatment: \_\_\_\_\_

Medications (Please include amounts):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family History Regarding Cancer/Tumor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_