

# Cancer - Colon

Producer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Client: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

If your client has had colorectal cancer, please answer the following:

1. Please list date of diagnosis: \_\_\_\_\_

2. How was the cancer treated?

- surgery
- surgery plus chemotherapy and/or radiation

3. Please list date treatment completed: \_\_\_\_\_

4. Is your client on any medications?

- yes, please give details: \_\_\_\_\_
- no

5. What stage was the cancer?

- in situ
- Dukes' stage B2
- Dukes' stage A
- Dukes' stage C
- Dukes' stage B1
- Dukes' stage D

6. Has there been any evidence of recurrence?

- yes, please give details: \_\_\_\_\_
- no

7. When was your client's last colonoscopy and CEA level? Please give date and results: \_\_\_\_\_

8. Has your client smoked cigarettes in the last 12 months?

- yes
- no

9. Does your client have any other major health problems (ex: cancer, etc.)?

- yes, please give details: \_\_\_\_\_
- no

Please include the pathology report of the colorectal cancer.