Current Diagnosis:				1	Diag	nosed By:		
Type of Cancer:				Stage:		Date Diagnosed:		
Oncologist:				Facility:				
Address:				City:			State:	Zip:
Phone:				Fax:				
RECORD OF DIAGNOSTIC	TESTING							
Type (biopsy, scan,	surgery)	Date	/Locat	tion Results				
GENETIC TESTING								
Date of Test	Location			Test Ty	pe		Resul	ts
<b>Previous Cancer History (Make</b>	e more copies if need	led)					1	
Type of Cancer:				Stage: Date Diagnosed:				
Oncologist:				Facility:				
Address:				City:			State:	Zip:
Phone:						Fax:		
Previous Cancer History								
Type of Cancer:				Stage: Date Diagnosed:				
Oncologist:				Facility:				
Address:				City:			State:	Zip:
Phone:				Fax:				

Address: City: State: Zip:  Phone: Fax: Additional Details: Treatment: received, drug names/dosage received, type of surgery/outcome, duration in hospital, complications, etc.  Previous Cancer Treatment    Chemotherapy	<b>Previous Cancer</b>	r Treatment (M	lake more copie	s if needed)				
Address: City: State: Zip:  Phone: Fax: Additional Details: Treatment: received, drug names/dosage received, type of surgery/outcome, duration in hospital, complications, etc.  Previous Cancer Treatment    Chemotherapy	Chemotherapy	Surgery	Radiation	Hormone Therapy	Immunoth	nerapy	Other	
Additional Details: Treatment received, drug names/dosage received, type of surgery/outcome, duration in hospital, complications, etc.  Previous Cancer Treatment    Chemotherapy	Dates:							
Phone: Fax:  Additional Details: Treatment received, drug names/dosage received, type of surgery/outcome, duration in hospital, complications, etc.  Previous Cancer Treatment    Chemotherapy	Facility/Doctor:							
Additional Details: Treatment received, drug normes/dosage received, type of surgery/outcome, duration in hospital, complications, etc.  Previous Cancer Treatment    Chemotherapy	Address:				City:		State:	Zip:
Previous Cancer Treatment    Chemotherapy	Phone:					Fax:		
Chemotherapy   Surgery   Radiation   Hormone Therapy   Immunotherapy   Other    Dates:  Facility/Doctor:  Address:   City:   State:   Zip:    Phone:   Fax:    Additional Details: Treatment received, drug names/dosage received, type of surgery/outcome, duration in hospital, complications, etc.  Previous Cancer Treatment    Chemotherapy   Surgery   Radiation   Hormone Therapy   Immunotherapy   Other    Dates:  Facility/Doctor:  Address:   City:   State:   Zip:	Additional Details. IT	earment received	i, arug names/aosa	ge received, type of su	rgery/outcome, at	arauon in nospi	tai, complicat	ions, etc.
Dates: Facility/Doctor:  Address:  City:  State:  Zip:  Phone:  Additional Details: Treatment received, drug names/dosage received, type of surgery/outcome, duration in hospital, complications, etc.  Previous Cancer Treatment  Chemotherapy Surgery Radiation Hormone Therapy Immunotherapy Other  Dates:  Facility/Doctor:  Address:  City:  State:  Zip:	<b>Previous Cancer</b>	r Treatment						
Facility/Doctor:  Address:  City:  State:  Zip:  Phone:  Additional Details: Treatment received, drug names/dosage received, type of surgery/outcome, duration in hospital, complications, etc.  Previous Cancer Treatment  Chemotherapy Surgery Radiation Hormone Therapy Immunotherapy Other  Dates:  Facility/Doctor:  Address:  City:  State:  Zip:	Chemotherapy	Surgery	Radiation	Hormone Therapy	Immunoth	nerapy	Other_	
Address:  City:  State:  Iip:  Phone:  Additional Details: Treatment received, drug names/dosage received, type of surgery/outcome, duration in hospital, complications, etc.  Previous Cancer Treatment  Chemotherapy Surgery Radiation Hormone Therapy Immunotherapy Other  Dates:  Facility/Doctor:  Address:  City:  State:  Zip:	Dates:							
Phone:  Additional Details: Treatment received, drug names/dosage received, type of surgery/outcome, duration in hospital, complications, etc.  Previous Cancer Treatment  Chemotherapy Surgery Radiation Hormone Therapy Immunotherapy Other  Dates:  Facility/Doctor:  Address: City: State: Zip:	Facility/Doctor:							
Additional Details: Treatment received, drug names/dosage received, type of surgery/outcome, duration in hospital, complications, etc.  Previous Cancer Treatment  Chemotherapy Surgery Radiation Hormone Therapy Immunotherapy Other  Dates:  Facility/Doctor:  Address: City: State: Zip:	Address:				City:		State:	Zip:
Previous Cancer Treatment  Chemotherapy Surgery Radiation Hormone Therapy Immunotherapy Other  Dates: Facility/Doctor:  Address: City: State: Zip:	Phone:					Fax:		
Chemotherapy Surgery Radiation Hormone Therapy Immunotherapy Other  Dates: Facility/Doctor:  Address: City: State: Zip:	Additional Details: Tr	eatment received	l, drug names/dosc	age received, type of su	rgery/outcome, di	uration in hospi	tal, complicat	ions, etc.
Dates: Facility/Doctor: Address: City: State: Zip:	Previous Cancer	r Treatment						
Facility/Doctor: Address: City: State: Zip:	Chemotherapy	Surgery	Radiation	Hormone Therapy	Immunoth	nerapy	Other	
Address: City: State: Zip:	Dates:							
	Facility/Doctor:							
Phone: Fax:	Address:				City:		State:	Zip:
	Phone:					Fax:		

Additional Details: Treatment received, drug names/dosage received, type of surgery/outcome, duration in hospital, complications, etc.

**CURRENT/PAST HEALTH CONDITIONS** (Check all that apply)

Current	Past	Condition	Notes	Current	Past	Condition	Notes
		Allergies				Kidney/Urine Problems	
		Arthritis				Liver Problems	
		Blood Disorder				Lung Problems	
		Circulation Problems				Prostate Problems	
		Depression/Anxiety				Seizures/Epilepsy	
		Diabetes				Skin Disorders	
		Frequent Infections				Shingles	
		Gastrointestinal Problems				Stroke	
		Gynecological Problems				Thyroid Problems	
		Heart Problems				Tuberculosis	
		Hepatitis				Ulcers	
		High Blood Pressure				Other	
		HIV/AIDS				Other	

## List past surgeries and hospitalizations. (Make more copies if needed)

Date	Surgery	Location	Outcome

FA	FAMILY HISTORY List relatives who have had a serious illness. Indicate disease & age of onset. (example: cancer, heart disease, diabetes)							
	Biological Father	Notes:		Biological Mother	Notes:			
	Paternal Grandfather	Notes:		Maternal Grandfather	Notes:			
	Paternal Grandmother	Notes:		Maternal Grandmother	Notes:			
	Paternal Uncle	Notes:		Maternal Uncle	Notes:			
	Paternal Aunt	Notes:		Maternal Aunt	Notes:			
	Sibling	Notes:		Sibling	Notes:			