

Bladder Cancer Questionnaire

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of bladder cancer, please answer the following:

1. Please list date of first diagnosis: _____

2. How was the cancer treated? (check all that apply)

- endoscopic resection only
- endoscopic resection and chemotherapy placed in the bladder
- radical cystectomy (removal of the bladder)
- radiation therapy
- systemic chemotherapy

3. What stage was the cancer?

- Tis Ta T1
- T2
- T3a T3b
- T4

4. Has there been any evidence of recurrence?

- yes, please give details _____
- no

5. Please give the date and result of the most recent cystoscopy and urine cytology

6. Is your client on any medications?

- yes, please give details _____
- no

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

- yes, please give details _____
- no

8. Does your client have any other major health problems (ex: heart disease, etc.)?

- yes, please give details _____
- no