

Breast Cancer

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

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

1. Please list date of diagnosis: _____

2. How was the cancer treated?

- removing the tumor only
- lumpectomy or wide excision
- mastectomy
- radiation therapy
- chemotherapy
- hormonal therapy (tamoxifen)

3. Please list date treatment completed: _____

4. Is your client on any medications?

- yes, please give details _____
- no

5. What stage was the cancer?

- Stage 0 (in-situ) Stage III
- Stage I Stage IV
- Stage II

6. Were lymph nodes involved? If yes, how many? _____

7. Has there been any evidence of recurrence?

- yes, please give details _____
- no

8. Date and results of last mammogram: _____

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 breast cancer.