

# Colorectal Cancer

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.