

Ovarian Cancer

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

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

1. Please list date of diagnosis: _____

2. Please check the stage of cancer:

Stage I Stage III

Stage II Stage IV

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

surgery

radiation

chemotherapy

4. Has there been any evidence of recurrence?

yes, please give details _____

no

5. Please give the date and result of most recent CA 125 (if available) _____

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