

# Testicular Cancer

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

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

1. Please list date of first diagnosis \_\_\_\_\_

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

surgery

chemotherapy

radiation therapy

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 I

Stage II

Stage III

6. Has there been any evidence of recurrence?

yes, please give details \_\_\_\_\_

no

7. Please give date and result of most recent AFP or hCG test:

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

yes

no

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

yes, please give details \_\_\_\_\_

no