

Tri-Life Health, PC
Cancer Patient Intake Questionnaire

General Information

Name _____ Date of Birth _____ Age _____ Sex _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

Occupation / Employer _____ Church / Religion _____

Marital Status: ___ single ___ married ___ divorced ___ widowed

Spouse's name _____ Ages of children _____

Diagnosis

What is your cancer diagnosis?

Stage: I II III IV Other

When was it diagnosed? _____ Recurrence: Yes No
Date: _____

Healthcare Providers

Primary Care Provider: _____

Surgeon: _____

Medical Oncologist: _____

Radiation Oncologist: _____

Other Health Providers: _____

Treatment

What is your current treatment plan? (Including "natural" and "alternative" therapies)

What previous or other treatments have you tried? (i.e., traditional, complementary, natural or alternative treatments)

Current Health and Health History

What other medical conditions do you have?

- Heart disease, heart failure
- Kidney disease, kidney stones
- Thyroid imbalance, low thyroid
- Digestive problems, constipation, irritable bowel, colitis
- Infections (please detail: _____)
- Liver disease, liver problems
- Gout
- Menopause (when _____)

Do you have a history of?

- Dental infections, root canals, gum disease, mercury fillings
- Exposure to toxic chemicals, solvents, heavy metals, or other known carcinogens _____
- Significant stress, loss, or emotional trauma
- Family members / relatives with cancer _____
- History of recreational drug use, alcohol or tobacco _____

Patient Values, Priorities and Concerns

What are your goals and expectations for the adjunctive cancer care program?

- Improve quality of life
- Reduce side effects of treatment
- Reduce pain
- Improve energy, feel better
- Other: _____
- Live longer
- Help cure the cancer
- Reduce chance of recurrence
- Improve immune system

What are your primary concerns and core questions?

What are your sources of strength and inspiration?

What are your sources of emotional and spiritual support?

Do you currently have a support group?