PID: ☐☐☐☐☐☐☐☐☐ Visit Date: ☐☐ ☐☐☐ ☐☐
dd MMM yy

Visit: ☐☐☐☐

CANCER

1. Have you ever had cancer? ☐ Yes ☐ No → ***Skip to end of form.***

2. If Yes, please specify cancer type and site: ____________________

____

2.1. Date of diagnosis for this cancer: ☐☐ ☐☐☐ ☐☐
dd MMM yy

2.2. Age at diagnosis for this cancer: ☐☐ years ***OR*** ☐ Don't know

2.3. Did you have surgery for this cancer? ☐ Yes ☐ No ☐ Don't know

2.3.1. If yes, name of procedure: ____________________

2.4. Indicate what treatment/s you had and the dates of treatment completion:

	dd	MMM	yy		
☐ Chemotherapy →	☐☐	☐☐☐	☐☐	***OR***	☐ Ongoing
☐ Hormonal therapy →	☐☐	☐☐☐	☐☐	***OR***	☐ Ongoing
☐ Radiotherapy →	☐☐	☐☐☐	☐☐	***OR***	☐ Ongoing
☐ Other therapy →	☐☐	☐☐☐	☐☐	***OR***	☐ Ongoing

If other, specify: ____________________

2.5. Have you had a recurrence of this cancer? ☐ Yes ☐ No ☐ Don't know → ***Skip to end of form.***

2.5.1. If yes, date of recurrence: ☐☐ ☐☐☐ ☐☐
dd MMM yy

2.5.2. Where did cancer recur? ____________________

 Date Completed: ☐☐ ☐☐☐ ☐☐ Staff Initials: ☐☐☐
dd MMM yy