



**HISTORY OF CANCER**

**Date of diagnosis?**

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**What kind of cancer?**

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**What stage/grade was the diagnosis?**

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**What was the course of treatment?**

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**When was the last day of treatment?**

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**Was there any lymph node involvement? If so, how many positive nodes?**

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**Any reoccurrences?**

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**Did the cancer metastasize?**

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**Were there multiple cancers? If so, please complete this for each occurrence.**

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**For Prostate Cancer- please provide Current PSA Level and Gleason Score**

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**For Thyroid cancer- was it diagnosed as follicular, papillary or medullary?**

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**Any additional concerns and/or information you can provide regarding this history?**

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