



**Cancer Support Sonoma
Patient Information**

Name _____ Date _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Can we leave a message? (Circle one) Yes No

E-mail _____ Date of Birth _____

Emergency Contact: Name _____ Phone _____

Type of Cancer _____ Stage _____ Date of Diagnosis _____

Recurrence (circle one) Yes No If yes, original diagnosis date _____

Metastasis (circle one) Yes No If yes, site of metastasis _____

Surgery(s) (circle one) Yes No If yes, dates _____

Chemotherapy (circle one) Yes No If yes, dates _____

Radiation (circle one) Yes No If yes, dates _____

Have you had any nodes removed or radiated? (circle one) Yes No

If yes, site(s) _____

Other treatments _____

Primary Care Doctor _____

Oncologist _____ Radiologist _____

Surgeon _____ Other _____

Complementary and Alternative Therapies (past or current)

Modality_____ Provider_____ Date_____

Modality_____ Provider_____ Date_____

Modality_____ Provider_____ Date_____

Modality_____ Provider_____ Date_____

Other diagnosis and health issues_____

Medications, Herbs, Supplements (including doses and frequency)

Approximately how many hours of sleep to you get each night? _____

Give an example of your diet on an average day:

Breakfast_____

Time_____

Snack_____

Time_____

Lunch_____

Time_____

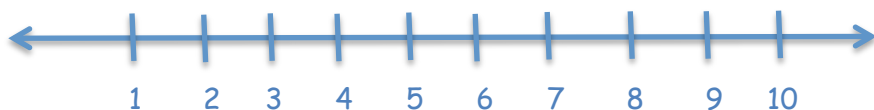
Snack_____

Time_____

Dinner_____

Time_____

Stress level on a scale of 1-10, 1 = no stress in my life at all, 10 = High stress all the time



What is your biggest source of stress in addition to your health situation?

What do you do to take care of yourself? _____

How often do you do this? _____

What relaxes you? _____

How often do you do this? _____

Do you do some form of exercise/movement? (Circle one) Yes No

Type? _____ How often? _____

I am (Circle) Married Separated Divorced Widowed Single Domestic partnership

Name of Spouse/Partner _____

Briefly describe your support system (friends, family, other forms of support)

Spiritual/religious affiliations _____

Anything else it would be helpful for our providers to know about you?
