

<b>FOR OFFICE USE ONLY</b>
CTR #: _____

**HEMATOLOGY/ONCOLOGY PHYSICIAN REPORT (09700)**

Practice Name: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone / Fax: \_\_\_\_\_

_____ Patient Name	_____ Date of Birth	_____ Social Security Number	
_____ Patient Address	_____ Race/Ethnicity	_____ Marital Status	_____ Sex
_____ City, State, Zip Code	_____ Occupation	_____ Industry	

Primary Site/Laterality of this cancer (*attach pathology report*): \_\_\_\_\_  
 Histology Type of this cancer: \_\_\_\_\_  
 Date this cancer was FIRST DIAGNOSED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month/Day/Year  
 Initial visit for this cancer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Most recent visit for this cancer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month/Day/Year Month/Day/Year

**STAGE INFORMATION** (*Please refer to AJCC Cancer Staging Manual.*)

Primary Tumor (T) \_\_\_\_\_ Regional Lymph Nodes(N) \_\_\_\_\_ Distant Metastases (M) \_\_\_\_\_  
 Tumor Size: \_\_\_\_\_ Systemic Symptoms at Dx: \_\_\_\_\_ IPI Score \_\_\_\_\_  
 Stage @ Diagnosis: \_\_\_\_\_ Lymph Node Status @ Dx: \_\_\_\_\_  
 Tumor Markers: \_\_\_\_\_  
Name Results

Did this patient receive any treatment for this cancer?  Yes  No If "Yes," please complete the following:  
 Active Surveillance/watchful waiting?  Yes  No

_____ Surgery ( <i>specify type</i> )	_____ Month	_____ Day	_____ Year
_____ Chemotherapy ( <i>specify agents, amount, duration</i> )	_____ Month	_____ Day	_____ Year
_____ Radiation Therapy ( <i>specify amount, method, duration</i> )	_____ Month	_____ Day	_____ Year
_____ Immunotherapy ( <i>specify type, duration</i> )	_____ Month	_____ Day	_____ Year
_____ Hematologic Transplant and Endocrine Procedures	_____ Month	_____ Day	_____ Year
_____ Hormone/Other Treatment ( <i>specify type, amount, duration</i> )	_____ Month	_____ Day	_____ Year

Referred to Physician/Hospital: \_\_\_\_\_  
 \_\_\_\_\_  
Provider Name Address, Suite, City, Zip Telephone

Date Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month/Day/Year