

Entered: __/__/20__ mm dd yy	Initials: _____	Verified: __/__/20__ mm dd yy	Initials: _____
Patient ID _____ - _____ - _____ ID			Visit: VISIT
For office use only.			

LABS Cancer Diagnosis (CDFM) – Version 11/30/2011FORMV

Norm Completion Date __/__/20__ CDFMDAT
mm dd yy

1. In the last 12 months, have you been told by a medical professional that you have a NEW cancer?
 0. No - *Please do not complete the remainder of this form.*
 1. Yes

1.1 If yes, please check “No” or “Yes” to each of the below items. **CANCERN**

No Yes	Date of diagnosis <i>Please complete as many parts of the date as you can</i> (mm/dd/yy)
<input type="checkbox"/> <input type="checkbox"/> Head/Neck CRHNN	CRHN - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Brain CRBN	CRB - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Esophagus CESOPN	CESOP - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Thyroid CTHYRN	CTHYR - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Breast CBREN	CBRE - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Lung CLUNGN	CLUNG - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Endometrial CENDON	CENDO - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Stomach CSTOMN	CSTOM - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Bladder CBLADN	CBLAD - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Kidney CKIDN	CKID - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Liver CLIVRN	CLIVR - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Pancreas CPANCN	CPANC - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Ovary COVARN	COVAR - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Prostate CPROSTN	CPROST - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Rectum CRECTN	CRECT - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Colon CCOLNN	CCOLN - MN/DN/YN
CLMPHN Lymphoma → <input type="checkbox"/> Non- CNONHN Hodgkin’s	CNONH - MN/DN/YN
CHODN <input type="checkbox"/> Hodgkin’s	CHOD - MN/DN/YN
CLEUKN Leukemia (type: __ CLEUKTSN __)	CLEUK - MN/DN/YN
<input type="checkbox"/> <input type="checkbox"/> Melanoma CMELANN	CMELAN - MN/DN/YN
CNONMN Skin (non-melanoma)	CNONM - MN/DN/YN

Patient ID _____ - _____ - _____

COTHRN Other 1 (SpeciNy: __ COTHRSPN __)	COTHR - NM/ND/NY
COTHN2 Other 2 (SpeciNy: __ COTHSPN2 __)	COTH - MN2/DN2/YN2
COTHN3 Other 3 (SpeciNy: __ COTHSPN3 __)	COTH - MN3/DN3/YN3