

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

LABS Cancer Diagnosis (CD) – Version 04/01/2011 FORMV

Form Completion Date __/__/20__ CDDAT
mm dd yy

1. Have you **ever** been told by a medical professional that you have 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.

EVERCNR

No Yes		Date of diagnosis <i>Please complete as many parts of the date as you can</i> (mm/dd/yy)	Did you have treatment for this cancer No Yes		If yes	Please specify the type(s) of treatment			
						Surgery No Yes	Chemo-therapy No Yes	Radiation No Yes	Other No Yes → (specify)
<input type="checkbox"/>	<input type="checkbox"/>	Head/Neck CRHN	CRHNM/D/Y	CRHNT	→	CRHNS	CRHNC	CRHNR	CRHNO - CRHNOS
<input type="checkbox"/>	<input type="checkbox"/>	Brain CRB	CRBDM/D/Y	CRBT	→	CRBS	CRBC	CRBR	CRBO-CRBOS
<input type="checkbox"/>	<input type="checkbox"/>	Esophagus CESOP	CESOPDM/D/Y	CESOPT	→	CESOPS	CESOPC	CESOPR	CESOPO-CESOPOS
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid CTHYR	CTHYRM/D/Y	CTHYRT	→	CTHYRS	CTHYRC	CTHYRR	CTHYRO-CTHYROS
<input type="checkbox"/>	<input type="checkbox"/>	Breast CBRE	CBREM/D/Y	CBRET	→	CBRES	CBREC	CBRER	CBREO - CBREOS
<input type="checkbox"/>	<input type="checkbox"/>	Lung CLUNG	CLUNGDM/D/Y	CLUNGT	→	CLUNGS	CLUNGC	CLUNGR	CLUNGO – CLUNGOS
<input type="checkbox"/>	<input type="checkbox"/>	Endometrial CENDO	CENDOM/D/Y	CENDOT	→	CENDOS	CENDOC	CENDOR	CENDOO – CENDOOS
<input type="checkbox"/>	<input type="checkbox"/>	Stomach CSTOM	CSTOMM/D/Y	CSTOMT	→	CSTOMS	CSTOMC	CSTOMR	CSTOMO - CSTOMOS
<input type="checkbox"/>	<input type="checkbox"/>	Bladder CBLAD	CBLADM/D/Y	CBLADT	→	CBLADS	CBLADC	CBLADR	CBLADO-CBLADOS
<input type="checkbox"/>	<input type="checkbox"/>	Kidney CKID	CKIDM/D/Y	CKIDT	→	CKIDS	CKIDC	CKIDR	CKIDO-CKIDOS
<input type="checkbox"/>	<input type="checkbox"/>	Liver CLIVR	CLIVRM/D/Y	CLIVRT	→	CLIVRS	CLIVRC	CLIVRR	CLIVRO-CLIVROS
<input type="checkbox"/>	<input type="checkbox"/>	Pancreas CPANC	CPANCM/D/Y	CPANCT	→	CPANCS	CPANCC	CPANCR	CPANCO-CPANCOS

No	Yes	Date of diagnosis <i>Please complete as many parts of the date as you can</i> (mm/dd/yy)	Did you have treatment for this cancer No Yes	If yes	<i>Please specify the type(s) of treatment</i>				
					Surgery No Yes	Chemo-therapy No Yes	Radiation No Yes	Other No Yes → (specify)	
<input type="checkbox"/>	<input type="checkbox"/>	Ovary COVAR	COVARM/D/Y	COVART	→	COVARS	COVARC	COVARR	COVARO- COVAROS
<input type="checkbox"/>	<input type="checkbox"/>	Prostate CPROST	CPROSTM/D/Y	CPROSTT	→	CPROSTS	CPROSTC	CPROSTR	CPROSTO- CPROSTOS
<input type="checkbox"/>	<input type="checkbox"/>	Rectum CRECT	CRECTM/D/Y	CRECTT	→	CRECTS	CRECTC	CRECTR	CRECTO- CRECTOS
<input type="checkbox"/>	<input type="checkbox"/>	Colon CCOLN	CCOLNM/D/Y	CCOLNT	→	CCOLNS	CCOLNC	CCOLNR	CCOLNO- CCOLNOS
CLYMPH	Lymphoma → <input type="checkbox"/> Non- CNONH Hodgkin's	CNONHM/D/Y	CNONHT	→	CNONHS	CNONHC	CNONHR	CNONHO- CNONHOS	
	CHOD <input type="checkbox"/> Hodgkin's	CHODM/D/Y	CHODT	→	CHODS	CHODC	CHODR	CHODO- CHODOS	
CLEUK	Leukemia (type: ___ CLEUKTS ___)	CLEUKM/D/Y	CLEUKT	→	CLEUKS	CLEUKC	CLEUKR	CLEUKO-CLEUKOS	
<input type="checkbox"/>	<input type="checkbox"/>	Melanoma CMELAN	CMELANM/D/Y	CMELANT	→	CMELANS	CMELANC	CMELANR	CMELANO-CMELNOS
CNONM	Skin (non-melanoma)	CNONMM/D/Y	CNONMT	→	CNONMS	CNONMC	CNONMR	CNONMO-CNONMOS	
COTHR	Other 1 (Specify: ___ COTHRSP ___)	COTHRM/D/Y	COTHRT	→	COTHR	COTHRC	COTHRR	COTHRO-COTHROS	
COTHR2	Other 2 (Specify: ___ COTHRSP2 ___)	COTHRM2/D2/Y2	COTHRT2	→	COTHR2	COTHRC2	COTHRR2	COTHR2O2-COTHR2OS2	
COTHR3	Other 3 (Specify: ___ COTHRSP3 ___)	COTHRM3/D3/Y3	COTHRT3	→	COTHR3	COTHRC3	COTHRR3	COTHR3O3-COTHR3OS3	