

PATIENT QUESTIONNAIRE

If you are interested in becoming a patient candidate, please call us at (503) 494-5626.

When you call us, it's important that you share some information about yourself.
Please take a few moments to answer this questionnaire. Thank you.

General Information

Patient name: _____

Patient address: _____

Patient phone: _____

Name of contact person: _____

Relationship to patient: _____

Phone: _____

Address: _____

Medical Information

Age: _____

Gender: _____

Type of tumor: _____

Has patient had a biopsy or surgery? Yes _____ No _____ What was date? _____

Name of the hospital and its city and state : _____

Has patient had chemotherapy? _____ Date of last treatment: _____

Has patient had radiation therapy? _____ Date of last treatment: _____

Name of physician treating patient: _____ Physician phone: _____