

# Colorectal Metastasis Questionnaire

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Date of birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Are you diabetic? .....  Yes  No  Unsure

Colon cancer diagnosis date \_\_\_\_\_

Liver metastases diagnosis date \_\_\_\_\_

Treatment facilities \_\_\_\_\_

Have you had a colonoscopy? .....  Yes  No  Unsure

If so, latest date? \_\_\_\_\_

Location? \_\_\_\_\_

Location of colon cancer .....  Right  Left  Rectum  Unsure

Has your tumor been marked? .....  Yes  No  Unsure

If yes, when? \_\_\_\_\_

Have you had your colon cancer removed? .....  Yes  No  Unsure

If yes, date \_\_\_\_\_

Name of hospital \_\_\_\_\_

Surgeon \_\_\_\_\_

Have you had a liver resection before? .....  Yes  No  Unsure

If yes, date \_\_\_\_\_

Name of hospital \_\_\_\_\_

Surgeon \_\_\_\_\_

CEA level at diagnosis, if known \_\_\_\_\_

Most recent CEA level, if known \_\_\_\_\_

Chemotherapy start date, if applicable \_\_\_\_\_

Number of cycles of chemotherapy received \_\_\_\_\_

Chemotherapy used .....  Folfiri  Folfox  Folforinox  Other  None

Have you received any other treatments such as HAI pump, Ablation, Y90 or Radiation:

If yes, type and most recent treatment date of each: \_\_\_\_\_

Do you have metastases in your lungs? .....  Yes  No  Unsure