

## Test & Scan History

**IMAGING SCANS & DATES** (e.g., CT, PET, MRI, X-rays) \_\_\_\_\_

Purpose/Results Summary \_\_\_\_\_

**BIOPSY OR PATHOLOGY REPORTS** \_\_\_\_\_

Type \_\_\_\_\_

Date \_\_\_\_\_

Summary of findings \_\_\_\_\_

**LAB WORK OR BLOOD TESTS** \_\_\_\_\_

Regular markers being tracked (e.g., white blood cell count, tumor markers) \_\_\_\_\_

Significant trends or results \_\_\_\_\_

**MEDICAL CONDITIONS (PAST & PRESENT)** \_\_\_\_\_

List of any other major medical conditions or chronic illnesses (e.g., high blood pressure, diabetes, autoimmune diseases) \_\_\_\_\_

Past hospitalizations \_\_\_\_\_

Allergies (medication, food, latex, etc.) \_\_\_\_\_

**FAMILY MEDICAL HISTORY**

Any close relatives with cancer or genetic predispositions \_\_\_\_\_

Relevant family history of chronic conditions (e.g., heart disease, diabetes) \_\_\_\_\_

**HEALTHCARE PROVIDERS**

Oncologist Name + Contact Info \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Surgeon(s) \_\_\_\_\_

Radiologist \_\_\_\_\_

Therapist or Counselor \_\_\_\_\_

Other Specialists (e.g., nutritionist, palliative care) \_\_\_\_\_