

ONCOLOGY WORKSHEET

CURRENT DIAGNOSIS:

SPECIFIC CELL TYPE (if known):

TUMOR STAGING:

METASTASIS SITE(S):

NODAL INVOLVEMENT : YES NO

if YES, state location(s) and whether these are local or distal to primary tumor(s):

ACCOMPANYING SYMPTOMS (pain, fatigue, organ dysfunction, etc.):

CURRENT TREATMENT (chemotherapy, radiation, etc.) [INCLUDE SPECIFIC CHEMO AGENTS/PROTOCOL, IF APPLICABLE]:

SIDE EFFECTS OF TREATMENT:

I understand that Lawrence Miller, L.Ac., is not qualified or legally able to treat my primary cancer, and that any treatment I receive, whether via acupuncture or herbal medicine, is solely intended to treat accompanying symptoms. These symptoms may or may not include: nausea, pain, fatigue, opportunistic infection, digestive disorders, mouth dryness, urinary difficulty, et al.

I fully understand this disclaimer.

Full Name

Signature

Date