# Advanced Cancer Coaching Intake Form

Please complete, scan and email to: msimon20@earthlink.net

All information is strictly confidential and never shared with anyone.

Date____ /____ /_____

First Name_____Last Name_____
Address_____
City_____State_____PostalCode_____
Phone (cell)_____(home)_____
Email Address_____

How were you referred to us?_____

Date of Birth_____/_____/_____Sex____M____F Retired____Yes____No
Weight_____Height_____Occupation_____
Marital Status____Single____Married

Insurance Carrier_____
Primary Physician (name(only)_____
Naturopath/IntegrativeMD_____
Oncologist _____
Medical Center_____

When Diagnosed_____Diagnosis_____
_____
_____

Biopsy Results_____
_____
_____

Date of Last PET/CT Scan_____Summary_____
_____
_____

Date of Last MRI Scan_____Summary_____
_____
_____

Date of Last Ultrasound_____Summary_____
_____
_____

Current Status/Treatment Plan_____
_____
_____
_____

Currently on Chemotherapy?___ Y___ N  Hormonal Therapy?___ Y___ N

Pain Medications_____
_____
_____

Tumor Marker Levels/Date (if available)_____
_____
_____
_____

Past Treatments (conventional and alternative)_____
_____
_____
_____
_____
_____

Major Health Issues/Concerns_____
_____
_____
_____
_____

Prescription Medications_____
_____
_____
_____
_____

Supplements_____
_____
_____
_____
_____
_____

Herbs/Herbal Preparations_____
_____
_____
_____
_____

Diet____Omnivore____Vegetarian_____Vegan_____Raw_____Vegan_____Paleo
____Ketogenic____Gerson____Budwig
Other_____ How Long?_____

Coffee_____Alcohol_____

Do you or have you smoked cigarettes?____Yes____No

If Yes, How long?_____

CBD/Medical Marijuana/RSO?_____
_____

Exercise Level/Activities_____
_____
_____
_____

How would you classify your stress level and ability to manage it?_____
_____
_____
_____
_____

Miscellaneous Notes_____
_____
_____
_____
_____
_____

Your Health Challenges and Health Goals_____
_____
_____
_____
_____
_____
_____