

## Earley Wellness Group

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### Oncology Health History

Name:		Date of Birth:	
What type of cancer were you diagnosed with?		What stage?	
		When were you diagnosed?	
Who is your oncologist? <i>Name:</i> <i>Phone Number:</i> <i>Center or Address:</i>			
What conventional therapies are you using for cancer treatment (answer all that apply)?			
Chemotherapy: (Past-Current-Future) <i>circle all that apply</i>  Start Date:  Which drugs or protocol? 1. 2. 3. 4. 5.  How often?  Last date or expected last date of therapy:	Surgery: (Past-Current-Future) <i>circle all that apply</i>  Date of procedure(s):  Type of procedure(s):	Radiotherapy: (Past-Current-Future) <i>circle all that apply</i>  Date(s):  What type and where:	Other: (Past-Current-Future) <i>circle all that apply</i>  Hormone (provide details):  Immunotherapy (provide details):  Clinical trial (provide details):  Other (provide details):
List any side effects that you are experiencing from treatment:			
Why are you seeking acupuncture treatment?			
What else are you doing to support your health and wellbeing?			