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Oncological medical history form

In case of cancerous disease, please send or fax this form in addition to the general medical history form. We ask for your understanding that some questions overlap with those of the general medical history form. This is for the sake of clarity

Note: You can fill out this PDF file directly on your PC / tablet / smartphone.

However, editing in browsers (e.g. Microsoft Edge) may be faulty,
therefore, please use common PDF viewers such as Adobe Acrobat Reader or PDF X Change Viewer.

You are also welcome to print out the medical history form and fill it in by hand.

Please take yourself enough time to complete it carefully.

Title

First name

Surname

Postcode

Town/city

Date of birth

1 Diagnosis

Diagnosis:

Date of diagnosis:

Tumour formula/stage at initial diagnosis :

Tumour formula/stage now:

2 Localisation of the primary tumour

Side localisation: right on both sides multifocal
 left Centreline unknown

Metastases present: No Yes, localisation:

- In-situ (non-invasive, intraepithelial)
- Localised (limited to the organ of origin)
- Regional (metastasis to regional lymph nodes and/or direct continuous spread to adjacent areas)
- Remote metastases (including metastases to non-regional lymph nodes)
- Systemic disease (incl. malignant lymphoma)
- Unknown

3 Symptoms

Please describe your symptoms (pain, lumps, etc.):

4 Medical history and other diseases

Previous tumour disease?

No Yes. If so, which?

Familial predisposition ?

No

Yes, parents:

Yes, siblings:

Yes,

(e.g. grandparents, cousin)

Other chronic diseases (heart, circulation, lungs, liver, kidneys, intestines, nerves, metabolism, bones, joints) and/or operations (also joint replacements, pacemakers, implants, etc.) ?

No Yes. If so, which?

Do you have any known viral diseases and/or chronic infections?

No Yes. If so, which?

5 Teeth / jaw

Root-treated teeth

No

Yes, teeth.

Dead teeth:

No

Yes, teeth.

Chronic inflammation of the mouth: No Yes

6 Laboratory results:

CEA:

No Yes

Date:

Value:

CA 15-3:

No Yes

Date:

Value:

CA 125:

No Yes

Date:

Value:

CA 19-9:

No Yes

Date:

Value:

CA 72-4:

No Yes

Date:

Value:

CYFRA 21-1:

No Yes

Date:

Value:

PSA:

No Yes

Date:

Value:

TPA:

No Yes

Date:

Value:

Other tumour markers:

No Yes,

Date:

Value:

Has a TKTL-I test been done?

No Yes

Date:

Value:

Have the following laboratory values been determined?

Selenium:

No Yes

Date:

Value:

Vitamin D3:

No Yes

Date:

Value:

Thyroid hormones:

No Yes

Date:

Value:

Iodine load test:

No Yes

Date:

Value:

Estrogen metabolites:

No Yes

Date:

Value:

Lactate:

No Yes

Date:

Value:

7 Further details:

Port:

No

Yes

Since:

Anus Praeter/Stoma:

No

Yes

Since:

Permanent urine drainage:
(Renal fistula)

No

Yes

Since:

Parenteral nutrition:

No

Yes

Since:

8 Oncological therapies:

Please enter here - if known - chemotherapies (active substance and number of treatment cycles), operations, as well as radiation treatments

Type of treatment:

Treatment period:

Type of treatment:

Treatment period:

Type of treatment:

Treatment period:

Type of treatment:

Treatment period:

Type of treatment:

Treatment period:

Do you suffer or have you suffered from side effects of these therapies?

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9 Current medication and nutritional supplements

Please enter your current medicines and supplements here

10 Psycho-oncological counselling

Analogous to the guidelines of the German Cancer Society, we offer you psycho-oncological counselling. What are you particularly interested in?

- Enhancing self-help opportunities
- Support in diagnostic processing
- Improving communication with related persons
- Dealing with worry and grief
- Dealing with fears
- Assistance in dealing with pain and other physical symptoms
- Promoting self-soothing, relaxation and sleep
- Shaping self-care

Date, Place, Signature Patient