



KIDNEY CANCER QUESTIONNAIRE

Client _____ Age/DOB _____

Date diagnosed? _____

Type of kidney cancer:

- Renal Cell Carcinoma (clear cell, papillary, chromophobe, collecting duct)
- Transitional Cell Carcinoma (urothelial, renal pelvis carcinoma)
- Renal Sarcoma

Stage of cancer?

- Stage I
- Stage II
- Stage III
- Stage IV

Grade of cancer?

- Grade I
- Grade II
- Grade III
- Grade IV

Treatment (check all that apply)?

- Nephrectomy (Date: _____)
- Partial Nephrectomy (Date: _____)
- Cryoablation (Date: _____)
- Radiofrequency ablation (Date: _____)
- Arterial Embolization (Date: _____)
- Radiation (Date of last treatment: _____)
- Chemotherapy (Date of last treatment: _____)
- Immunotherapy or Biotherapy (Date of last treatment: _____)

Any history of recurrence? YES NO If yes, date: _____

Have you ever used tobacco? YES NO

If yes, type of tobacco used? Cigarettes Cigars Chew Pipe

Date of last use: _____

Any other health impairments? _____

Any medications? _____