

Renal Cancer Status Report Worksheet

(Non metastatic with treatment completed less than 5 years ago)

Patient Name: _____ DOB: _____

Condition stable on current regimen and no changes in treatment recommended? Y N

Any current or historic evidence of:

Chemotherapy	Y	N
Disease recurrence?	Y	N
Extra capsular extension?	Y	N
Metastatic disease?	Y	N
Stage 4 disease?	Y	N
Paraneoplastic syndrome?	Y	N

If surgery has been performed:

Patient is off pain medications?	Y	N
Patient has made a full recovery?	Y	N
Patient has a full release from the surgeon?	Y	N

Experienced symptoms include None or _____

Treatment completed and back to full, unrestricted activities? Y N
(ECOG performance status or equivalent is 0)

Current treatment is none? Y N
If NO, what is current treatment? _____

Has it been 5 years or more since the patient has had any treatment for this condition? Y N
If NO, when was the last date of treatment? _____

Treating Physician's Signature

Physician's Printed Name

Date

Expert FAA Medical Assistance!

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