

Colon/Colorectal Cancer Status Report Worksheet

(Non-metastatic and no high risk features)
(Treatment completed less than 5 years ago)

Patient Name: _____ DOB: _____

Condition stable with no concerns?	Y	N
The patient is back to full daily activities?	Y	N
No treatment is needed?	Y	N

High Risk – has there **EVER** been any evidence of the following features:

CEA increase or CEA did not decrease with colectomy?	Y	N
Chemotherapy ever (including neoadjuvant)?	Y	N
Familial Adenomatous Polyposis (FAP)?	Y	N
High-risk pathology per the treating oncologist?	Y	N
Incomplete resection or positive margins?	Y	N
Lynch syndrome?	Y	N
Metastatic disease – refers to distant metastatic disease? (Such as lung, liver, lymph nodes, peritoneum, brain, etc.)	Y	N
Pathology of any type other than adenoma? (ex: lymphoma, GIST, carcinoid)	Y	N
Radiation therapy?	Y	N
Recurrence?	Y	N
Sessile polyp with invasive cancer treated only with surgery? (No additional chemotherapy or radiation therapy)	Y	N

If recurrence – Any evidence or concern based on colonoscopy or imaging studies per acceptable current practice guidelines?	Y	N
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Metastatic disease ever (distant to liver, lung, lymph nodes, peritoneum, brain, etc.)?	Y	N
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Symptoms such as:

Headache or vision changes?	Y	N
Focal neurologic dysfunction?	Y	N
Gait disturbance?	Y	N
Cognitive dysfunction, including memory problems and mood or personality changes?	Y	N

Continues on next page.

Expert FAA Medical Assistance!

Clinic Locations:

Wisconsin: 10520 W. Bluemound Rd, Suite 206
Milwaukee, WI 53226
Ohio: 7071 Corporate Way, Suite 105
Centerville, OH 45459

Mailing Address:

1817 Highland Dr. #1135
Grafton, WI 53024
Tel: 414-419-3300
Fax: 210-640-1938

TNM stage at diagnosis was 0, I, II, or III? Y N

CEA at diagnosis was **less than 5 ng/ml**? Y N

CEA within the last 90 days is normal and has no increase from previous levels? Y N

CEA Level: _____ Date: _____

CBC within the last 90 days shows:

Hemoglobin level > 11 Y N

Hg level: _____ Date: _____

Any other significant CBC abnormalities? Y N

If YES, what are the abnormalities? _____

Treating Physician's Signature

Physician's Printed Name

Date

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