

Breast Cancer Status Report Worksheet
(Non-metastatic and treatment completed less Than 5 years ago)

Patient Name: _____ DOB: _____

Pathology showed:

Carcinoma in Situ (Tis), Stage 0:	Y	N
Ductal Carcinoma in Situ (DCIS):	Y	N
Lobular Carcinoma in Situ (LCIS):	Y	N
Paget disease of the breast (Tis):	Y	N

Other: _____

The condition is:

- | | | | |
|---|---|---|----|
| • Stable with no spread or reoccurrence and no evidence of disease (NED): | Y | N | |
| • Radiation therapy (if any) is completed: | Y | N | NA |
| • If surgery has been performed | | | |
| ○ Patient is off all pain medications: | Y | N | NA |
| ○ Patient has made a full recovery: | Y | N | NA |
| ○ Patient has been released by the surgeon: | Y | N | NA |
| • The patient is back to full, unrestricted activities: | Y | N | |
| • Are any changes in treatment recommended: | Y | N | |

Any evidence of:

- | | | |
|--|---|---|
| • Stage IA or higher | Y | N |
| • Invasive or metastatic disease | Y | N |
| • Use of chemotherapy for this condition at any time | Y | N |

All current medication(s) and dose(s):

If medications include (approved medications) tamoxifen (Nolvadex), Aromatase inhibitors, letrozole (Femara), or exemestane (Aromasin), is the medication being well tolerated without any side effects? Y N

If NO, what side effects or issues: _____

Treating Physician's Signature

Physician's Printed Name

Date

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