



IF THIS IS AN EMERGENCY, CALL 911. DO NOT USE THIS FORM FOR EMERGENCIES.

Tell us about your specific case

Please spend a few moments telling us about your specific liver cancer case so that we can provide a thorough response. We will contact you at the phone number and times that you specify below.

Call 866-680-0004 to speak with someone about your case or complete this form and mail it to the address below. Call 911 if this is an emergency. If this is urgent, call us.

Fax:
412-359-6288

or Mail:
Allegheny General Liver Cancer Program
320 East North Avenue
Pittsburgh, PA 15212-4772
USA

or call us:
412-359-6738 or
866-680-0004

About you

Name: _____

Street: _____

City/Town: _____

State: _____

Zip Code: _____

Phone: _____

Best time(s) to call: _____

Email: _____

Diagnosis and treatment

Name of patient: _____

Patient's age: _____

When was the patient diagnosed? _____

Diagnosis:

<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Hepatoma
<input type="checkbox"/> Colon cancer	<input type="checkbox"/> Breast cancer	<input type="checkbox"/> Lung cancer
<input type="checkbox"/> Other (please specify): _____		

How has the physician described the problem in the liver? Please describe (be specific)

Treatments:

<input type="checkbox"/> Surgery	<input type="checkbox"/> Chemotherapy – 5FU
<input type="checkbox"/> Chemotherapy – Leukovorin	<input type="checkbox"/> Radiation
<input type="checkbox"/> Other (please specify): _____	

Describe any treatments that the patient is currently receiving:



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Current status

Select one choice from each question below.

Has patient lost weight? 10 lbs or less 10-25 lbs. 25-40 lbs. over 40 lbs.

Is patient jaundiced? Yes No

Current condition? Normal, no complaints, not external evidence of disease
 Able to carry on normal activity, minor signs or symptoms of disease
 Normal activity with effort, some signs of symptoms of disease
 Able to care for self, unable to carry on normal activity or to do work
 Requires occasional assistance from others; frequent medical care
 Requires considerable assistance from others; frequent medical care
 Disabled, requires special care and assistance
 Severely disabled, hospitalization indicated → **Call 866-680-0004**

Is patient eating normally? Yes No

Additional comments

Please provide any additional information in the space below or include additional information on separate pages.

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