



Doctor's Questionnaire

Today's Date: _____

Patient Name: _____

Date of Diagnosis: _____

Diagnosis (Please include stage or grade of cancer): _____

Is the patient currently in active treatment: Yes _____ No _____

If yes, please briefly explain proposed treatment plan: _____

Please return this Doctor's Questionnaire to the address or email below. If form needs to be picked up by someone from With Courage please let us know.

With Courage
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