

The Life Raft Group Medical Update Form

Please complete and mail to:

The Life Raft Group
40 Galesi Dr. Suite 19
Wayne, NJ 07470

Attn: Pamela Barckett

or Fax to:

(973) 837-9095

or

E-mail to pbarckett@liferaftgroup.org

Name of patient:

Name of person submitting:

E-Mail Address:

Date of latest exam:

Frequency of CAT scans:

Current Status Compared to prior exam: (Circle or check one)

No Evidence of Disease

Further Tumor Shrinkage

Stable - No change in number or size of tumors

Mixed - Some tumors grew; others shrunk

Tumor growth or new tumors

Treatment Update: (Circle or check one)

No Change

Dosage Change

New Drug

Surgery

Other (If Other Please Describe)

Starting Dosage:

New Dosage:

New Dosage Date:

Reason for Change: (Circle or check one)

Not Responding

Side Effects

Other (Please Describe)

Surgery Date:

Outcome:

Please Describe:

Has your doctor Changed? Yes No

Doctor's Name

Hospital/Medical Facility

Are you in a clinical trial? Yes No

General Comments

We are currently updating our records please provide us with your

Current Mailing Address:

Current Telephone #:

Any other contact information you feel would be helpful:

If there are any comments or information that you would like to share with us, but cannot fit in this text area, please feel free to e-mail us @ liferaft@liferaftgroup.org (just click the link to the left to start.) or call our office @ (973) 837-9092