Patient name:

Please provide the radiation therapy treatment start date (MM/DD/CCYY):  

1. Does the patient have distant metastatic disease (M1 stage)?

2. What is the intent of the treatment? Check one box and complete its corresponding section.
   - Post-operative
     - Select operation type:
       - Radical hysterectomy
       - Simple hysterectomy
   - Surgical findings:
     - Negative node with high risk factors:
       - Large primary tumor (larger than 4cm)?
       - Deep stromal invasion?
       - Lymphovascular invasion?
     - Positive pelvic nodes?
     - Positive surgical margin?
     - Positive parametrium?
     - Positive para-aortic nodes?
   - Definitive
     - What is the patient's initial FIGO (International Federation of Gynecology and Obstetrics) stage?
       - Stage I
       - Stage IA
       - Stage IB
       - Stage II
       - Stage IIA
       - Stage IIB
       - Stage III
       - Stage IIIA
       - Stage IIIB
       - Stage IVA
       - Stage IVB

3. Will the para-aortic nodes be treated?

4. Is gross adenopathy present?

5. Have you considered a 3-dimensional treatment plan for this patient?

6. Is the area to be treated abutting, overlapping or within a previously-irradiated area?

7. Note any additional information in the space below.

Completed by: ____________________________ Date: ____________________________