



CANCER CENTER FOR HEALING

MEDICAL QUESTIONNAIRE

Please fill out the medical questionnaire below. Once completed, please save and return as an attachment by email to [REDACTED]. Once Dana receives the information she will contact you to arrange a consultation with one of our Cancer Team Doctors. After the consult we will customize a treatment plan.

INSURANCE INFORMATION: Please provide Cancer Center For Healing with a front and back copy of your insurance card so we can verify coverage prior to your consultation.

NOTE*: In lieu of medical records, please send all pertinent scan reports (MRI, Ultrasounds, PET) and all pertinent labs taken in the last 3 months to [REDACTED]. We do not accept records on CDs, please provide us with a word or PDF document.

Patient Name:	Jeffrey Epstein
DOB:	Jan. 20, 1953
Age:	63
Sex:	Male
Home Phone:	[REDACTED]
Cell Phone:	[REDACTED]
Who do we contact to set up the consultation (name & phone number):	Lesley [REDACTED]
Email:	[REDACTED]
Home Address: Street, City, State & Zip	9 East 71 st Street New York, New York 10021
Date of Cancer Diagnosis:	n/a
Type of Cancer (Pathology Diagnosis):	N/A

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Cancer Stage:	N/A
Have you received Chemo? What dates did you receive treatment?:	N/A
Have you received Radiation? What dates did you receive treatment?:	N/A
Have you had surgery to treat your cancer? What date(s) did you have the surgery(s) on?	N/A
Any Complications from previous treatments?:	N/A
Date of last bloodwork:	N/A
Date of last PET Scan:	N/A
Therapies currently receiving for psychological/emotional wellbeing:	N/A
Father's medical history:	Bladder

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Mother's medical history:	N/A
Family medical history:	N/A
Do you have a history of smoking or drinking?	no
Have you ever been hospitalized? What was your diagnosis? What dates were you in the hospital?	N/A
What is your dental history? Any major procedures	N/A
Are you in pain?:	N/A
Specify type of pain on a scale from 1 to 10:	N/A
Pain medication type and dosage:	N/A
When do you plan to start treatment with Cancer Center For Healing?:	N/A
How did you hear about Cancer Center For Healing?:	Friend who is a doctor

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Additional information we should know:	N/A
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