Cancer Registry Follow-up Questionnaire

The Cancer Registry at Salem Health collects data on cancer in the community and contributes to the constant improvement of care. We are one of the oldest registries in the country dating back to 1960, tracking cancer trends and treatment experiences, and monitoring over 21,000 active patients per year. We are also one of the busiest registries in the state, adding approximately 2,000 new cancer cases annually.

Cancer is considered a reportable disease under federal and state law. Cancer registries are the main source of data utilized by researchers throughout the nation to understand cancer, the way it is treated, and the outcomes of treatment. The information is also used locally by your health care team to develop essential and comprehensive cancer care services for the community.

To meet these requirements, we must gather annual follow-up information on each patient in the registry. We obtain some follow-up information directly from physicians, but from time-to-time, we may need to contact patients directly.

Please help us by completing the brief questionnaire enclosed. By providing the requested information, you contribute directly to our efforts to better understand and reduce the burden of cancer for our community.

If you have any questions or would like more information, please contact us at 503-814-1484. We would also appreciate a call if you have any address changes, so we are able maintain contact with you.

Sincerely,

Salem Cancer Institute
Cancer Registry
Information about your health:

How is your health?  Good:______    Fair:______    Poor:______
Have you been to see a physician in the last 12 months?   Yes:______    No:______
If yes, please provide the physician information below.

Contact Authorization:
Keeping your health information confidential is very important to us. Please list below anyone you authorize the Cancer Registry to contact to request information on your health status pertinent to the diagnosis for which we carry information.

We will need your signature at the bottom of the page in order to contact anyone listed below. Thank you.

Physician Name:___________________________________________
Address:___________________________________________
Phone #:___________________________________________

Physician Name:___________________________________________
Address:___________________________________________
Phone #:___________________________________________

1st person(s) who may be contacted other than your spouse:

Name and Address: ______________________________________  Contact Phone # :____________________
Phone #:___________________________________________

Relationship:  Parent:_____  Child:_____  Other (please specify):______________________

2nd person(s) who may be contacted:

Name and Address: ______________________________________  Contact Phone # :____________________
Phone #:___________________________________________

Relationship:  Parent:_____  Child:_____  Other (please specify):______________________

I give permission to the Cancer Registry at Salem Health to contact the above listed individuals for information as explained above. I understand that I may call the Cancer Registry at 503-814-1484 or write to Cancer Registry, PO Box 14001, Salem, OR 97309, if I wish to remove someone from this list or change the contact information.

Signature:___________________________________________    Date:____/____/____