Instructions: The Initial Treatment form collects the treatment the patient is undergoing following the diagnosis of lung cancer. Any treatment that has started and/or is planned should be indicated. Note: If any of the questions are answered ‘yes’, the details of that treatment will need to be provided on the corresponding treatment form.

1. Is the patient undergoing radiation treatment(s) for lung cancer? ○ No
   Note: If yes, the details of treatment will be required to be reported ○ Yes ○ Unknown

2. Is the patient undergoing surgical treatment(s) for lung cancer? ○ No
   Note: If yes, the details of treatment will be required to be reported ○ Yes ○ Unknown

3. Is the patient undergoing chemotherapy treatment(s) for lung cancer? ○ No
   Note: If yes, the details of treatment will be required to be reported ○ Yes ○ Unknown

4. Is the patient undergoing any other treatment(s) administered by a physician for lung cancer? ○ No
   Note: If yes, the details of treatment will be required to be reported ○ Yes ○ Unknown

____________________________________  MMM-dd-yyyy
Signature of Person Completing This Form  Date Form Completed