ADOC Clinic Notes

Acute Diagnostic Oncology Clinic (ADOC)

Patient Details

Name	DOB:	Referral Date:
NHS No.	Hospital No.	
Contact		Clinic Date:

GP Information

Referrer		Practice	
Contact		Email	
Fax			

Assessment

Reason for Referral
Pre-Clinic Plan

Past Medical History		Recurrent chest infections
		TB
		Skin moles/marks
		Night sweats
		Foreign travel

History of presenting complaint *(reported by patient)*

Social Background

Family History

Occupation:

Smoking:	Y | N	Amount/frequency:	Advice given:
Alcohol:	Y | N	Units/wk.:	Advice given:

Accommodation *(and other persons at home):*

Baseline *(prior to admission):*

Dependants / Carers:

Services on admission:

ECOG Performance Status Scale

0	*Asymptomatic*
1	*Symptomatic, fully ambulatory*
2	*Symptomatic, in bed <50% of the day*
3	*Symptomatic, in bed >50% of the day but not bedridden*
4	*Bedridden*

Medications *(Route / Dose / Frequency)*

Allergies / Adverse Reactions

Review of Systems

CVS	RS
Chest pain	Cough
Breathlessness	Sputum
Orthopnoea / PND	Haemoptysis
Claudication	Wheeze
Ankle oedema	Calf swelling

GI	GU		
Appetite change	Haematuria		
Vomiting	Dysuria		
Weight loss	Voiding difficulty		
Hematemesis / Melaena	Frequency	D	
Change in bowel habit		N	
Abdominal pain	LMP	Date:	
Rectal bleeding	STD		

CNS	Observation			
Headaches Visual disturbances	**Weight:**	kg	**Height:**	cm
Syncope	Temp		RR	
Weakness	BP		Sats	FiO_2
Paraesthesia	Pulse		BM	

Physical Examinations		
Pale:	Cyanosed:	Clubbing:
Jaundiced:	Lymphadenopathy:	Skin:
CVS		
JVP	Heart sounds	Apex beat
	Oedema	Bruits

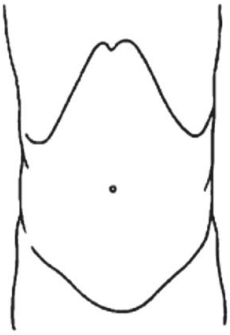
RS

Trachea

Expansion

Percussion note

Breath sounds

Breast	**Abdomen**
	
	Per rectum / Prostate

CNS		**Arms**		**Legs**	
Glasgow coma scale	..... / 15		R | L		R | L
		Tone			
Gait		Power			
		Coordination			
Speech		Sensation			
		Reflexes	B Tr S	K A	Pl
Swallowing		Right			
		Left			

AMTS				
Age:	DOB:	Year:	Time of day:	Place:
Monarch:	WW1:	20 to 1:	2 people recognition:	42 West Street:

Total Score: / 10

Investigations

Type	Date	Done by GP	Done by ADOC

Impression and Summary		
Management		
Admission date:	Discharge date:	Review date:

Suspected primary cancer site				
[ ] Breast	[ ] Brain/CNS	[ ] CUP	[ ] Gynaecology	[ ] GI (lower)
[ ] GI (upper)	[ ] Haematology	[ ] Head & Neck	[ ] Lung	[ ] Sarcoma
[ ] Skin	[ ] Prostate	[ ] Urology		
[ ] Referred to MDT meeting				

Information given to Patient / relative:	**Information given to GP:**
Case discussed with Consultant / Registrar *(Name & Grade):*	

Form completed by:	Signature:	Date:	Grade/ Bleep: