

REASON FOR CONSULTATION:, Newly diagnosed head and neck cancer.,HISTORY OF PRESENT ILLNESS: , The patient is a very pleasant 61-year-old gentleman who was recently diagnosed with squamous cell carcinoma of the base of the tongue bilaterally and down extension into the right tonsillar fossa. He was also noted to have palpable level 2 cervical lymph nodes. His staging is T3 N2c M0 Stage IV invasive squamous cell carcinoma of the head and neck. The patient comes in to the clinic today after radiation Oncology consultation. His Otolaryngologist performed a direct laryngoscopy with biopsy on July 29, 2010. The patient reports that in December-January timeframe, he had noted some difficulty swallowing and ear pain. He had a work up by his local physician that was relatively negative, and he was treated for gastroesophageal reflux disease. His symptoms continued to progress, and he developed difficulty with his speech, dysphagia, otalgia and odynophagia. He was then referred to Dr. X and examination revealed a mass at the right base of the tongue that extended across the midline to include the left base of the tongue as well as posterior extension involved in the right tonsillar fossa. He was noted to have bilateral neck nodes. His biopsy was positive for squamous cell carcinoma.,PAST MEDICAL HISTORY:, Significant for mild hypertension. He has had cataract surgery, gastroesophageal reflux disease and a history of biceps tendon tear.,ALLERGIES: , Penicillin.,CURRENT MEDICATIONS: , Lisinopril/hydrochlorothiazide 20/25 mg q.d., alprazolam 0.5 mg q.d., omeprazole 20 mg b.i.d., Lortab

7.5/500 mg q 4h p.r.n.,FAMILY HISTORY: , Significant for father who has stroke and grandfather with lung cancer.,SOCIAL HISTORY: , The patient is married but has been separated from his wife for many years, they remain close, and they have two adult sons. He is retired from the Air Force, currently works for Lockheed Martin. He was born and raised in New York. He does have a smoking history, about a 20 pack-year history and he reports quitting on July 27. He does drink alcohol socially. No use of illicit drugs.,REVIEW OF SYSTEMS: ,The patient's chief complaint is fatigue. He has difficulty swallowing and dysphagia. He is responding well to Lortab and Tylenol for pain control. He denies any chest pain, shortness of breath, fevers, chills and night sweats. The rest of his review of systems is negative.,PHYSICAL EXAM:;VITALS: