|  |  |  |
| --- | --- | --- |
| A description... | **Inshuti Mu Buzima**  **PIH Rwanda** | **Oncology Program / *Programme d’oncologie***  **Consultation Report** |

|  |
| --- |
| **PATIENT INFORMATION** |

${date}

${patientId}  
${firstName}

${lastName}

**Intake site:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Butaro |  | Rwinkwavu |

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Intake date:**

DD MM YYYY

**Patient age & sex:**

years old

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | female |  | male |

**Current Diagnosis:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breast cancer |  | Cervical cancer |  | KS |  | Gastric cancer |
|  | Colo-rectal cancer |  | Prostate cancer |  | Nephroblastoma (Wilms’) | | |
|  | Lung cancer |  | H&N cancer | | | | |
|  | other solid cancer: | | | | | | |
|  | Hodgkin’s lymphoma |  | Burkitt’s lymphoma |  | Large B-cell lymphoma | | |
|  | Other NHL |  | ALL |  | CML |  | Multiple myeloma |
|  | other liquid cancer: | | | | | | |
|  | Metastatic cancer (unknown primary) |  | Unknown type | | | | |

**Is current diagnosis supported by biopsy / pathological testing?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, facility: |  | No pathology |

**Disease Stage:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unknown |  | 0 |  | I |  | II |  | III |  | IV |  | V |  | Other: |

**Clinical Impression details** (*include mass location and size, details for staging disease, if applicable)***:**

|  |
| --- |
|  |

**History** *(report presenting symptoms, past medical history, significant social history, family history)***:**

|  |
| --- |
|  |

**Medications & Allergies** *(report current medications and allergies)***:**

|  |
| --- |
|  |

**Past Treatment for cancer:**

|  |
| --- |
|  |

**ECOG Performance status** *(most recent)*: / 5

|  |  |
| --- | --- |
| Weight (kg): |  |
| Height (cm): |  |
| BP: |  |
| BSA: |  |

**Physical exam** *(most recent)*:

|  |
| --- |
|  |

**Abnormal physical exam findings** *(most recent)***:**

|  |
| --- |
|  |

**Outcomes of most recent tests and pathology reports (if applicable):**

*(note date and result of significant blood tests, sputum tests, imaging, special tests, etc.)*

|  |
| --- |
|  |

**Summary & Plan:**

|  |
| --- |
|  |

**Managing Doctors:**

|  |  |  |
| --- | --- | --- |
| DCA: |  | Author of Clinical Intake form |
| GP: |  | Author of Clinical Intake form |

**All information in this Consultation Report is approved by:**

|  |  |
| --- | --- |
| DCA/GP Name: | Date (dd/mm/yyyy): |
| Email: |
| Phone #: |

|  |
| --- |
| **CONSULTATION** |

**Consultation Report sent on:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**DD MM YYYY**

**Oncologist Name:**

|  |
| --- |
|  |

**Oncologist Site:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | BWH |  | DFCI |  | Other: |

**Oncologist recommendations:**

|  |
| --- |
|  |

**Date of recommendations:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**DD MM YYYY**

A description...