| **Patient Visit Rec:** | ____ ____ ____ ____**W** ____ ____ | ____ ____ ____ **V** ____ ____ |
|---|---|---|
| | **Year** **Week** | **Day** **Visit** |
| | **(Sample: 2007 W12 MON V01)** | |

## QUEENS CANCER CENTER PRIMARY CARE CLINIC – PATIENT VISIT FORM

### Section A – Patient Visit Background

**Date of clinic visit:** _____/_____/_____ **Medical Record #:** _____

**Patient name:** _____
Last First M.I.

**Visit Type:** □ 1 First visit to QCC PCC □ 2 Return visit

**Pt. Type**: □ 1 Preventive care □ 2 Active Tx □ 3 Post-treatment

**Visit intensity code:** □ 1 Low □ 2 Medium □ 3 High

**Date of birth**: _____/_____/_____ **Zip Code**: _____

**Gender**: □ 1 Male □ 2 Female

**Current Health Insurance Status:** □ 1 **Yes** → □ Medicaid □ Medicare □ Private (3rd party)
□ 0 **No** □ 3 **Unknown**

**Race**:
□ 1 White
□ 2 Asian
□ 3 African American
□ 4 Native Hawaiian
□ 5 American Indian
□ 6 More than one
□ 7 Other_____
□ 99 Unknown

**Ethnicity:**
□ 1 Chinese
□ 2 Hispanic
□ 3 Korean
□ 4 South Asian
□ 5 Other _____
□ 99 Unknown

**Language**: □ 1 English □ 2 Spanish □ 3 Other _____
□ 99 Unknown

**Work Status**: □ 1 Employed □ 2 Retired □ 3 Unemployed □ 99 Unknown

**Education**:
□ No formal education □ 0-8 years □ some high school
□ High school or equiv. □ Assoc. Degree □ some college
□ BA or BS □ Masters □ PhD/MD
□ Other _____

**Patient visit background notes:**

| **Patient Visit Rec:** | **____ ____ ____ ____W ____ ____ ____ ____ ____ V ____ ____** |
|---|---|
| | **Year Week Day Visit** |
| | **(Sample: 2007 W12 MON V01)** |

## Section B – Patient's Family History and Treatment

**Patient's family history:**

| | |
|---|---|
| □ Grandmother | □ 1 Colorectal □ 2 Head & Neck □ 3 Lung □ 4 Breast □ 5 Cervical □ 7 Other: |
| □ Grandfather | □ 1 Colorectal □ 2 Head & Neck □ 3 Lung □ 6 Prostate □ 7 Other: |
| □ Mother | □ 1 Colorectal □ 2 Head & Neck □ 3 Lung □ 4 Breast □ 5 Cervical □ 7 Other: |
| □ Father | □ 1 Colorectal □ 2 Head & Neck □ 3 Lung □ 6 Prostate □ 7 Other: |
| □ Sister | □ 1 Colorectal □ 2 Head & Neck □ 3 Lung □ 4 Breast □ 5 Cervical □ 7 Other: |
| □Brother | □ 1 Colorectal □ 2 Head & Neck □ 3 Lung □ 6 Prostate □ 7 Other: |

**Patient's cancer type**: □ 1 Colorectal □ 2 Head & Neck □ 3 Lung □ 4 Breast □ 5 Cervical □ 6 Prostate □ 7 Other: _____

**Patient's cancer stage at Dx**: □ I □ II □ III □ IV □ 99 Unknown □ 88 NA

**Cancer Treatment:**

| | | |
|---|---|---|
| Chemotherapy | □ 99 Unknown □ 0 No □ 1 Yes → Tx completion date: | _____ _____ Month Year |
| Radiation Therapy | □ 99 Unknown □ 0 No □ 1 Yes → Tx completion date: | _____ _____ Month Year |
| Surgery | □ 99 Unknown □ 0 No □ 1 Yes → Tx completion date: | _____ _____ Month Year |

**Cancer treatment notes (Locations of treatments, Physician contact information, etc.):**

## Section C – Identified Patient Co-morbidities

□ Hypertension
□ Diabetes Mellitus
□ COPD
□ Pain
□ Substance abuse/dependence
□ Obesity
□ Cognitive deficits
□ Coronary Artery Disease (Hx of MI, CABG)
□ Hyperlipidemia
□ Asthma
□ Depression
□ Osteoporosis
□ Renal failure
□ Anemia

□ Other co-morbidities [describe]:

| **Patient Visit Rec:** | ____ ____ ____ ____**W** ____ ____ | ____ ____ ____ **V** ____ ____ |
|---|---|---|
| | **Year** **Week** | **Day** **Visit** |
| | **(Sample: 2007 W12 MON V01)** | |

## Section D – Patient Cancer Screenings

**Screenings performed at clinic:**
- □ Clinical Breast Exam
- □ Digital Rectal Exam
- □ PSA
- □ FOBT

**Screening referrals from clinic:**
- □ Colonoscopy
- □ PAP Test
- □ Mammogram

□ Medical clearance for cancer surgery and/or diagnostic treatment

□ Other screening(s) [describe]:

## Section E – Patient Survivorship Service Referrals

**Medical:**
- □ Admission to Hospital (Direct)
- □ Cardiology Clinic
- □ Dental Clinic
- □ Gastroenterology Clinic
- □ Gynecology Clinic
- □ Immunology Clinic (HIV)
- □ Rehabilitation
- □ Medical Oncology
- □ Ophthalmology
- □ Psychiatry
- □ Pulmonary Clinic
- □ Surgery/ Surgical Oncology
- □ Radiation Oncology

**Support and behavior change:**
- □ Financial Counselor
- □ Legal Services
- □ Pain Management
- □ Patient Navigator Program
- □ Social Work
- □ Nutrition
- □ Smoking Cessation

□ Other referral(s) [describe]:

## Section F – Medical Problems Identified Post-Treatment

- □ Anemia
- □ Bladder Dysfunction
- □ Bowel Dysfunction
- □ Cancer Recurrence
- □ Cardiovascular Disease
- □ Cognitive Deficits
- □ Depression
- □ Diabetes Mellitus
- □ Fatigue/Muscle Wasting
- □ Hyperlipidemia
- □ Increase risk of infection
- □ Infertility
- □ Lymphedema
- □ Malnutrition
- □ Nerve Damage
- □ Oral Caries/Osteonecrosis
- □ Osteoporosis
- □ Ostomy
- □ Pain
- □ Premature Menopause
- □ Psychosocial distress
- □ Pulmonary Function Deficit
- □ Renal failure
- □ Sexual dysfunction
- □ Substance Abuse/Dependence
- □ Weight Gain

□ Other late effect(s) [describe]: