

## 1 Patient Information

### 1 PATIENT DETAILS

Name: \_\_\_\_\_ Date of Documentation: \_\_\_\_\_  
 DOB / Age: \_\_\_\_\_ Provider: \_\_\_\_\_  
 MRN: \_\_\_\_\_

## 1 Purpose of Document

### 1 COMMUNICATION PURPOSE

Clinical, administrative, or coordination-of-care communication of confirmed cancer diagnosis...

## D Confirmed Diagnosis

### 2 DIAGNOSIS DETAILS

Cancer Type (e.g., adenocarcinoma): \_\_\_\_\_ Primary Site of Origin: \_\_\_\_\_  
 Histopathological Confirmation: \_\_\_\_\_ Tumor Grade / Differentiation: \_\_\_\_\_  
 Relevant Biomarkers / Receptor Status: \_\_\_\_\_

## CF Clinical Findings Leading to Diagnosis

### 3 PRESENTING SYMPTOMS, IMAGING, PATHOLOGY

Presenting symptoms and duration, physical exam findings, imaging findings, pathology/biopsy results confirming diagnosis...

## ST Staging (TNM)

### 4 TUMOR STAGING CLASSIFICATION

T — Tumor Size / Extent: \_\_\_\_\_ N — Lymph Node Involvement: \_\_\_\_\_  
 M — Distant Metastasis: \_\_\_\_\_ Overall Stage Grouping: \_\_\_\_\_

## CS Current Clinical Status

### 5 PATIENT'S CURRENT CONDITION

Symptom Burden: \_\_\_\_\_ Functional Status (ECOG): \_\_\_\_\_  
 Presence of Metastasis / Complications: \_\_\_\_\_

## T Treatment Plan

### 6 RECOMMENDED MANAGEMENT

Surgery / chemotherapy / immunotherapy / targeted therapy / radiation / palliative care / MDT involvement...

**P Prognosis & Recommendations**

**7 PROGNOSIS**

General clinical outlook based on staging and current status...

**8 RECOMMENDATIONS**

Urgency / referrals to oncology / additional diagnostic evaluations...

**F Follow-Up**

**9 MONITORING & TREATMENT TIMELINE**

Follow-up plan (monitoring, treatment initiation, reassessment): \_\_\_\_\_

PROVIDER NAME

CREDENTIALS

DATE & TIME

\_\_\_\_\_