

1 Patient Information

1 PATIENT DETAILS

Name:	_____	Date of Service:	_____
DOB:	_____	Provider:	_____
Age / Sex:	_____	MRN:	_____
Visit Type:	_____	Cancer Diagnosis:	_____
Treatment Site:	_____		_____

CC Chief Complaint

2 PRIMARY REASON FOR ENCOUNTER

Document the primary oncology-related concern — consultation for radiation treatment, treatment toxicity, symptom follow-up, or surveillance...

S Subjective

3 PATIENT-REPORTED SYMPTOMS & TREATMENT HISTORY

3a CANCER HISTORY / INTERVAL STATUS

Relevant diagnosis, staging, prior treatments, and changes since last visit...

3b RADIATION TREATMENT STATUS

Treatment Phase:	_____	Treatment Site:	_____
Fractions Completed:	_____	Total Planned Fractions:	_____
Total Dose Delivered:	_____		_____

3c TREATMENT-RELATED SYMPTOMS

Fatigue, skin irritation, pain, dysphagia, mucositis, nausea, diarrhea, urinary symptoms, cough, dyspnea, neurologic symptoms, or other site-specific toxicities...

3d SYMPTOM SEVERITY & FUNCTIONAL IMPACT

Severity, duration, effect on oral intake, sleep, mobility, work, ADLs, or quality of life...

3e MEDICATION / SUPPORTIVE CARE RESPONSE

Response to analgesics, antiemetics, topical agents, steroids, mouth rinses, bowel regimens, or other supportive measures...

3f PERTINENT NEGATIVES

Absence of fever, uncontrolled pain, bleeding, severe dehydration, neurologic deficit, or respiratory distress...

O Objective

4 MEASURABLE & OBSERVED FINDINGS

V VITAL SIGNS

Temperature: _____
Heart Rate: _____
Oxygen Saturation: _____
Pain Score: _____

Blood Pressure: _____
Respiratory Rate: _____
Weight: _____
Performance Status (ECOG / Karnofsky): _____

4a PHYSICAL EXAMINATION

General Appearance: _____
HEENT / Oral Cavity (if applicable): _____
Cardiovascular: _____
Abdomen: _____
Musculoskeletal: _____

Skin / Radiation Field: _____
Neck / Lymph Nodes: _____
Respiratory: _____
Neurological: _____
Other Site-Specific Findings: _____

L Lab & Imaging Results

5 REVIEWED DATA

5a LABORATORY STUDIES

CBC, CMP, tumor markers, renal function, or other treatment-relevant labs...

5b IMAGING STUDIES

CT, MRI, PET/CT, simulation imaging, treatment planning scans, or surveillance imaging...

5c PATHOLOGY / MOLECULAR RESULTS

Histology, grade, receptor status, mutation profile, or biomarkers if relevant...

5d RADIATION TREATMENT DATA

Dose delivered, fractionation, treatment interruptions, setup concerns, or image-guidance findings if applicable...

A Assessment

6 RADIATION ONCOLOGY CLINICAL INTERPRETATION

Cancer diagnosis, stage, and current treatment status. Response to radiation therapy or disease status if assessable. Acute or late radiation toxicities and severity (CTCAE grade). Performance status and treatment tolerance. Relevant comorbidities impacting radiation delivery or toxicity risk...

P Plan

7 RADIATION ONCOLOGY MANAGEMENT

7a RADIATION THERAPY PLAN

Continue, modify, hold, or complete radiation therapy. Dose/fractionation plan or treatment field updates if applicable...

7b SUPPORTIVE CARE & MEDICATIONS

Supportive care for radiation-related toxicities, medication adjustments or prescriptions...

7c COORDINATION & REFERRALS

Coordination with medical oncology, surgical oncology, palliative care, nutrition, speech therapy, or wound care...

7d PATIENT EDUCATION

Expected side effects and warning symptoms requiring urgent evaluation...

F Follow-Up

8 REASSESSMENT PLAN

Follow-up timeframe and purpose:

Toxicity reassessment, treatment response, imaging surveillance, or post-treatment evaluation plan...

TIME DOCUMENTATION & BILLING

Total Time: _____ Counseling / Coordination Time: _____ CPT / E/M Code: _____ Basis for Billing: _____

Primary ICD-10 Code: _____ Secondary ICD-10 Code(s): _____

PHYSICIAN NAME, MD

SPECIALTY: RADIATION ONCOLOGY

DATE

TIME