

1 Patient Information

1 PATIENT DETAILS

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

CC Chief Complaint

2 PRIMARY REASON FOR ENCOUNTER

Document the primary reason — evaluation for tumor resection, post-operative follow-up, wound concern, surveillance, or treatment planning...

S Subjective

3 PATIENT-REPORTED SYMPTOMS & SURGICAL HISTORY

3a CANCER HISTORY / INTERVAL STATUS

Diagnosis, stage, pathology, prior treatments, and relevant changes since last visit...

3b SURGICAL HISTORY / PROCEDURE STATUS

Planned Surgery / Prior Oncologic Surgery: _____ Date of Procedure / Post-Op Day: _____

3c CURRENT SYMPTOMS

Pain, swelling, bleeding, drainage, fever, weight loss, fatigue, nausea, bowel/bladder changes, dysphagia, dyspnea, or site-specific symptoms...

3d WOUND / INCISION CONCERNS

Patient-reported erythema, drainage, dehiscence, tenderness, odor, or delayed healing...

3e FUNCTIONAL STATUS

Activity tolerance, nutrition, mobility, ADLs, and recovery status...

3f PERTINENT NEGATIVES

Denial of fever, uncontrolled pain, bleeding, worsening drainage, shortness of breath, chest pain, or acute neurologic symptoms...

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: _____
Skin / Wound: _____
Cardiovascular: _____
Abdomen: _____
Musculoskeletal: _____

Surgical Site / Incision: _____
Lymph Nodes: _____
Respiratory: _____
Neurological: _____
Other Site-Specific Findings: _____

L Lab & Imaging Results

5 REVIEWED DATA

5a LABORATORY STUDIES

CBC, CMP, coagulation studies, nutritional markers, tumor markers, or pre-operative labs...

5b IMAGING STUDIES

CT, MRI, PET/CT, ultrasound, mammography, or staging/surveillance imaging...

5c PATHOLOGY RESULTS

Biopsy findings, surgical pathology, tumor type, grade, margins, lymph node status, receptor status, or molecular markers...

5d OTHER DIAGNOSTICS

ECG, cardiac clearance, pulmonary evaluation, or anesthesia-related testing if applicable...

A Assessment

6 SURGICAL ONCOLOGY CLINICAL INTERPRETATION

Cancer diagnosis, stage, and current disease status. Surgical candidacy and operative risk. Resectability or need for additional staging/workup. Post-operative recovery status if applicable. Complications or concerns — infection, bleeding, wound breakdown, or recurrence. Comorbidities impacting surgical planning or recovery...

P Plan

7 SURGICAL ONCOLOGY MANAGEMENT

7a SURGICAL PLAN

Procedure, timing, laterality if applicable, and pre-operative optimization/clearance needs...

7b ADDITIONAL WORKUP

Imaging, biopsy, labs, or staging workup needed...

7c POST-OPERATIVE CARE

Wound care, drain care instructions, pain control, and medication management...

7d COORDINATION & REFERRALS

Coordination with medical oncology, radiation oncology, genetics, nutrition, anesthesia, or palliative care...

7e PATIENT EDUCATION

Risks, benefits, alternatives, expected recovery timeline, and warning signs...

F Follow-Up

8 REASSESSMENT PLAN

Follow-up timeframe and purpose: _____

Post-operative check, pathology review, wound evaluation, treatment planning, or surveillance...

TIME DOCUMENTATION & BILLING

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

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

PHYSICIAN NAME, MD	SPECIALTY: SURGICAL ONCOLOGY	DATE	TIME
_____	_____	_____	_____