

**1 Patient Information**
**1 PATIENT DETAILS**

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

**CC Chief Complaint**
**2 PRIMARY REASON FOR ENCOUNTER**

Treatment planning, chemotherapy follow-up, immunotherapy monitoring, targeted therapy management, symptom evaluation, or surveillance...

**S Subjective**
**3 PATIENT-REPORTED SYMPTOMS & TREATMENT HISTORY**
**3a CANCER HISTORY / INTERVAL STATUS**

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

**3b SYSTEMIC THERAPY STATUS**

Current Regimen:	_____	Cycle Number / Treatment Date:	_____
Dose Modifications:	_____	Missed Treatments / Delays:	_____

**3c TREATMENT-RELATED SYMPTOMS**

Fatigue, nausea, vomiting, diarrhea, constipation, neuropathy, mucositis, rash, appetite change, weight loss, fever, chills, pain, dyspnea, bleeding, or infection symptoms...

**3d MEDICATION / SUPPORTIVE CARE RESPONSE**

Response to antiemetics, analgesics, growth factors, steroids, antidiarrheals, appetite stimulants, or other supportive therapies...

**3e FUNCTIONAL STATUS**

Performance status, ADLs, activity tolerance, nutrition, sleep, and quality of life...

**3f PERTINENT NEGATIVES**

Absence of fever, uncontrolled pain, chest pain, severe dyspnea, bleeding, severe dehydration, confusion, or signs of infection...

**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: \_\_\_\_\_  
Lymph Nodes: \_\_\_\_\_  
Respiratory: \_\_\_\_\_  
Skin: \_\_\_\_\_  
Musculoskeletal: \_\_\_\_\_

HEENT / Oral Mucosa: \_\_\_\_\_  
Cardiovascular: \_\_\_\_\_  
Abdomen: \_\_\_\_\_  
Neurological: \_\_\_\_\_  
Other Site-Specific Findings: \_\_\_\_\_

**L Lab & Imaging Results**

**5 REVIEWED DATA**

**5a LABORATORY STUDIES**

CBC, CMP, renal/hepatic function, electrolytes, tumor markers, endocrine labs, or therapy-specific monitoring labs...

**5b IMAGING STUDIES**

CT, MRI, PET/CT, bone scan, ultrasound, or surveillance imaging...

**5c PATHOLOGY / MOLECULAR RESULTS**

Histology, grade, receptor status, PD-L1, MSI/MMR, HER2, EGFR, ALK, BRCA, or other relevant mutation profile and biomarkers...

**5d TREATMENT MONITORING DATA**

Response assessment, toxicity grading, dose-limiting toxicities, or treatment interruptions...

**A Assessment**

**6 MEDICAL ONCOLOGY CLINICAL INTERPRETATION**

Cancer diagnosis, stage, and current disease status. Response to systemic therapy or surveillance status. Treatment tolerance and adverse effects. Severity of symptoms and toxicity grade when applicable. Comorbidities or risk factors affecting systemic therapy. Need for dose modification, treatment delay, escalation, or supportive care...

**P Plan**

**7 ONCOLOGY MANAGEMENT**

**7a SYSTEMIC THERAPY PLAN**

Continue, modify, hold, or discontinue systemic therapy. Chemotherapy, immunotherapy, hormonal therapy, or targeted therapy plan. Dose adjustments or toxicity management...

**7b SUPPORTIVE MEDICATIONS & SYMPTOM CONTROL**

Supportive medications, antiemetics, growth factors, analgesics, or symptom-specific interventions...

**7c LABS, IMAGING & MONITORING**

Labs, imaging, or tumor marker monitoring ordered...

**7d REFERRALS & COORDINATION**

Radiation oncology, surgical oncology, genetics, nutrition, palliative care, or social work coordination...

**7e PATIENT EDUCATION**

Treatment expectations, side effects, infection precautions, and urgent symptoms requiring evaluation...

**F Follow-Up**

**8 REASSESSMENT PLAN**

Follow-up timeframe and purpose: \_\_\_\_\_

Next treatment cycle, toxicity check, imaging review, lab monitoring, or surveillance interval...

**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: MEDICAL ONCOLOGY

DATE

TIME