

## 1 Patient Information

### 1 PATIENT DETAILS

Name:	_____	Date of Service:	_____
DOB:	_____	Provider:	_____
Age / Sex:	_____	MRN:	_____
Visit Type: Head & Neck Cancer Follow-Up / Surveillance	_____	Cancer Diagnosis:	_____
Primary Site:	_____	Stage:	_____
Treatment History:	_____	Time Since Treatment Completion:	_____

## CC Chief Complaint

### 2 PRIMARY REASON FOR FOLLOW-UP

Primary reason for follow-up — routine surveillance, symptom reassessment, post-treatment monitoring, treatment toxicity, imaging review, or concern for recurrence...

## S Subjective

### 3 INTERVAL HISTORY, CANCER STATUS & SURVEILLANCE CONCERNS

#### 3a CANCER HISTORY / INTERVAL STATUS

Primary site, stage, pathology, prior treatments, treatment completion date, and changes since last oncology/ENT visit...

#### 3b CURRENT HEAD & NECK SYMPTOMS

Pain, neck mass, dysphagia, odynophagia, hoarseness, otalgia, oral lesions, bleeding, hemoptysis, trismus, xerostomia, dysgeusia, nasal obstruction, epistaxis, airway symptoms...

#### 3c TREATMENT-RELATED EFFECTS

Xerostomia, mucositis, fibrosis, lymphedema, dysphagia, aspiration, dental issues, hypothyroidism, neuropathy, voice changes, skin changes, fatigue...

#### 3d NUTRITION & WEIGHT

Oral intake / diet tolerance:	_____	Feeding tube status / weight change:	_____
Appetite / hydration:	_____	Nutritional supplementation:	_____

#### 3e FUNCTIONAL STATUS

Speech, swallowing, breathing, activity tolerance, work status, ADLs, QOL, and performance status...

#### 3f TOBACCO / ALCOHOL & PRIOR TESTING

Tobacco / alcohol use / cessation status: \_\_\_\_\_ Interval imaging / pathology / labs / endoscopy: \_\_\_\_\_

#### 3g PERTINENT NEGATIVES

Denial of new/enlarging neck mass, progressive dysphagia, persistent unilateral otalgia, hemoptysis, unexplained weight loss, persistent hoarseness, airway compromise, severe pain, or non-healing oral lesion...

**4 PERTINENT POSITIVES & NEGATIVES**

- |  |   |
|--|---|
| <input type="checkbox"/> Oral pain / ulcers / lesions / bleeding   | <input type="checkbox"/> Dysphagia / odynophagia / aspiration     |
| <input type="checkbox"/> Hoarseness / voice change / chronic cough | <input type="checkbox"/> Otolgia / hearing change / tinnitus      |
| <input type="checkbox"/> Neck mass / swelling / lymphedema         | <input type="checkbox"/> Nasal obstruction / epistaxis            |
| <input type="checkbox"/> Weight loss / poor appetite / dehydration | <input type="checkbox"/> Xerostomia / dysgeusia / dental problems |
| <input type="checkbox"/> Dyspnea / stridor / hemoptysis            | <input type="checkbox"/> Fever / night sweats / fatigue           |

**O Objective**

**5 HEAD & NECK CANCER SURVEILLANCE FINDINGS**

**V VITAL SIGNS**

Temperature: _____	Blood Pressure: _____
Heart Rate: _____	Respiratory Rate: _____
Oxygen Saturation: _____	Height / Weight: _____
BMI: _____	Pain Score: _____
Performance Status (ECOG / Karnofsky): _____	

**5a GENERAL APPEARANCE**

Appearance, distress, nutritional status, communication, voice quality, breathing...

**5b HEAD / FACE / EYES**

Head & Face (scars, reconstruction, skin, CN): \_\_\_\_\_ Eyes: \_\_\_\_\_

**5c EAR & NASAL EXAM**

Ear (TM, post-treatment changes): \_\_\_\_\_ Nose (septum, mucosa, crusting, obstruction): \_\_\_\_\_

**5d ORAL CAVITY / OROPHARYNX — PRIMARY SURVEILLANCE SITE**

Lips, mucosa, tongue, floor of mouth, gingiva, dentition, tonsillar fossae, posterior pharynx. Mucosal lesions, ulceration, masses, bleeding, leukoplakia, erythroplakia, trismus, post-surgical/radiation changes...

**5e NECK — LYMPH NODE & SURGICAL SITE SURVEILLANCE**

Lymphadenopathy, masses, tenderness, fibrosis, lymphedema, surgical scars, thyroid findings, salivary gland changes, tracheostomy site, reconstruction/flap status...

**5f LARYNX / VOICE / RESPIRATORY / NEUROLOGICAL**

Voice / Laryngeal / Airway: \_\_\_\_\_ Cranial Nerves / Swallowing-Related Neuro: \_\_\_\_\_

**PP Procedures Performed**

**6 ENT / HEAD & NECK PROCEDURES THIS VISIT**

Procedure name, indication, technique, location, laterality, instruments, topical anesthesia, findings, tolerance, complications. Examples: flexible laryngoscopy, nasal endoscopy, nasopharyngoscopy, biopsy, FNA, cerumen removal, debridement...

## L Lab & Surveillance Diagnostic Results

### 7 HEAD & NECK CANCER FOLLOW-UP DATA

#### 7a IMAGING STUDIES

CT neck/chest, MRI, PET/CT, ultrasound, surveillance imaging, or treatment response imaging...

#### 7b PATHOLOGY / CYTOLOGY

Biopsy/FNA results, margins, nodal disease, extranodal extension, recurrence pathology, HPV/p16, EBV, molecular markers...

#### 7c LABORATORY STUDIES

TSH/free T4 (post-neck radiation), CBC, CMP, nutrition labs, tumor markers, treatment monitoring labs...

#### 7d SWALLOW / SPEECH / DENTAL / NUTRITION

MBS, FEES, SLP findings, aspiration risk, voice assessment, dental oncology notes, nutrition assessments, feeding tube documentation, weight trends...

## A Assessment

### 8 HEAD & NECK CANCER SURVEILLANCE INTERPRETATION

Cancer diagnosis, site, stage, and current surveillance status. No evidence of disease / suspected recurrence / persistent disease / metastatic disease / treatment-related complication. Interpretation of symptoms, exam, endoscopy, imaging, and pathology. Post-treatment toxicity burden, nutritional status, swallowing function, airway status, QOL. Risk factors: tobacco/alcohol use, HPV status, prior treatment response, comorbidities...

## P Plan

### 9 SURVEILLANCE & MANAGEMENT

#### 9a SURVEILLANCE TESTING

Continue routine surveillance or escalate for recurrence concern. Imaging, endoscopy, biopsy, FNA, labs, or pathology review ordered...

#### 9b SYMPTOM MANAGEMENT

Pain, xerostomia, dysphagia, lymphedema, mucositis, dental, reflux, or airway symptom management...

#### 9c REFERRALS & COORDINATION

Medical oncology, radiation oncology, SLP, nutrition, dental oncology, lymphedema therapy, pain management, palliative care, social work, PCP...

#### 9d TOBACCO / ALCOHOL COUNSELING & PATIENT EDUCATION

Cessation counseling if applicable. Recurrence warning signs, nutrition, oral care, swallowing precautions, airway symptoms, surveillance schedule...

## F Follow-Up

### 10 SURVEILLANCE SCHEDULE & REASSESSMENT PLAN

Follow-up timeframe and purpose:

Surveillance interval, imaging review, endoscopy follow-up, biopsy/pathology review, swallow/nutrition monitoring, or oncology coordination...

**TIME DOCUMENTATION & BILLING**

Total Time: \_\_\_\_\_ Counseling / Coordination Time: \_\_\_\_\_ E/M Level: \_\_\_\_\_ Procedure Code(s): \_\_\_\_\_  
Basis for Billing: \_\_\_\_\_ Primary ICD-10 Code: \_\_\_\_\_  
Secondary ICD-10 Code(s): \_\_\_\_\_

PHYSICIAN NAME, MD	SPECIALTY: OTOLARYNGOLOGY / HEAD AND NECK SURGERY	DATE	TIME
_____	_____	_____	_____

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