



**MEDICAL OVERVIEW**

Date: \_\_\_\_\_

**GENERAL INFORMATION**

Name:

\_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address:

\_\_\_\_\_

Physician's Name:

\_\_\_\_\_

**ONCOLOGIC DIAGNOSIS**

Initial Diagnosis:

\_\_\_\_\_

\_\_\_\_\_

—

Date of Diagnosis: \_\_\_\_\_

Histological Report (**attach copy**):

\_\_\_\_\_

\_\_\_\_\_

—

Date of Report: \_\_\_\_\_

**FOLLOW-UP OF ONCOLOGICAL DIAGNOSIS** (relapses of the disease):

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL OVERVIEW (Cont'd)**

**TEST RESULTS THAT CONFIRM DIAGNOSIS OR PROGRESS**

(Lab, Histological, Rx, CAT Scans, MRI, etc.) **attach copy**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**EVOLUTION OF THE DISEASE** (including treatments, doses, dates and response of treatment)

**BRIEF PERSONAL MEDICAL HISTORY**

- Oncology:  
(if applicable)

- Surgical:

**OTHER NON-ONCOLOGIC DISEASES:**

**BRIEF FAMILY ONCOLOGIC HISTORY:**

**CONCURRENT TREATMENT:**

**PERFORMANCE STATUS: (Please check one of them)**

*Able to carry on normal activity; no special care is needed*

- 100 Normal; no complaints, no evidence of disease
- 90 Able to carry on normal activity, minor signs or symptoms of disease
- 80 Normal activity with effort; some signs or symptoms of disease

*Unable to work; able to live at home; cares for most personal needs; a varying amount of assistance is needed*

- 70 Cares for self, unable to carry on normal activity or to do active work
- 60 Requires occasional assistance but is able to care for most of his needs
- 50 Requires considerable assistance and frequent medical care

*Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly*

- 40 Disabled; requires special care and assistance
- 30 Severely disabled; hospitalization is indicated, although death is not imminent
- 20 Very sick; hospitalization is necessary, active supportive treatment is needed
- 10 Moribund, fatal processes rapidly progress