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| Family name:  |  Given name: | Age:  |  Sex: | Cell #: | ID #: |
| **SITE OF CARE:** |
| ☐ Clinique Bon Sauver, Cange☐ Hopital St Nicholas/St Marc | ☐ Hopital de Mirebalais (HUM)☐ Hinche☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Is the patient currently inpatient? ☐ Yes (INpatient) ☐ No (OUTpatient) |
| Is this the first consultation? ☐ Yes (Initial) ☐ No (Follow up) |
| **DIAGNOSIS:** |
| Diagnosis: Date of original diagnosis: (mm/dd/yyyy)  |
|  ☐ Confirmed on biopsy or pathological testing. If yes, where was biopsy performed:  ☐ Clinical suspicion |  ☐ Cange ☐ St Marc ☐ HUM ☐ PaP ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cancer Staging : |  |
| HISTORY OF PRESENTING ILLNESS:  |
|  |
| pHYSICAL EXAM: |
| Weight: \_\_\_\_\_ Height: \_\_\_\_\_ | ☐ Vital signs normal ☐ Vital signs abnormal. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ECOG: |
| Notable exam findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Treatment: |
| Patient has previously received treatment: ☐ Yes ☐ No  | If yes, describe previous treatment, including where it was received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Patient is currently receiving treatment: ☐ Yes ☐ No  | If yes, describe current treatment, including where it is being administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| GOALS OF CARE: curative ☐ PALLIATIVE ☐  |
| Blood Tests: |
| Hematology: (\_mm\_/\_dd\_/\_yy\_)  | Hb: \_\_\_\_\_ g/dL Hct: \_\_\_\_\_ % WBC: \_\_\_\_\_ x 109  | ANC: \_\_\_\_\_ x 109 (\_\_\_\_\_ %) Platelets: \_\_\_\_\_ x 109 | Lympho: \_\_\_\_\_ x 109 (\_\_\_\_\_ %) ESR : \_\_\_\_\_ 30 mm/h |
| Biochemistry: (\_mm\_/\_dd\_/\_yy\_)  | Cr : \_\_\_\_\_ µmol Tbili: \_\_\_\_\_ mg/dl  | SGOT: \_\_\_\_\_ iU/L SGPT: \_\_\_\_\_ iU/L  | Alk Phos : \_\_\_\_\_ iU/L Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| iSTAT: | Na+: \_\_\_\_ | K+: \_\_\_\_ | Cl-: \_\_\_\_ | CO2: \_\_\_\_ | Urea: | Cr: \_\_\_\_ | Glu: \_\_\_\_ | LDH: \_\_\_\_\_ | Ca+:\_\_\_\_ |
| Peripheral blood smear : (\_mm\_/\_dd\_/\_yy\_) Results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other tests (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: (\_mm\_/\_dd\_/\_yy\_) Results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| IMAGING: | RESULTS:  | Location: |
| CXR: (\_mm\_/\_dd\_/\_yy\_)  |  ☐ Normal  ☐ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Cange | ☐ St. Marc | ☐ HUM | ☐ PaP |
| ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ultrasound: (\_mm\_/\_dd\_/\_yy\_)  |  ☐ Normal  ☐ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Cange | ☐ St. Marc | ☐ HUM | ☐ PaP |
| ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CT of the neck/abdomen/other body part: (\_mm\_/\_dd\_/\_yy\_)  |  ☐ Normal  ☐ Abnormal: | ☐ Cange | ☐ St. Marc | ☐ HUM | ☐ PaP |
| ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Sspecial Tests: | DAtes and Status: | Location: |
| BBone Marrow Aspirate SSite of Sample: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Planned for: (\_mm\_/\_dd\_/\_yy\_) ☐ Reported on: (\_mm\_/\_dd\_/\_yy\_)  |  ☐ Sent: (\_mm\_/\_dd\_/\_yy\_)  ☐ Unable to obtain | ☐ Cange |  ☐ St. Marc | ☐ HUM | ☐ PaP |
| ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| BBiopsySSite of Sample: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Planned for: (\_mm\_/\_dd\_/\_yy\_) ☐ Reported on: (\_mm\_/\_dd\_/\_yy\_)  | ☐ Sent: (\_mm\_/\_dd\_/\_yy\_) ☐ Unable to obtain | ☐ Cange  | ☐ St. Marc |  ☐ HUM | ☐ PaP |
| ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| OOther (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSite of Sample: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Planned for: (\_mm\_/\_dd\_/\_yy\_) ☐ Reported on: (\_mm\_/\_dd\_/\_yy\_)  |  ☐ Sent: (\_mm\_/\_dd\_/\_yy\_) ☐ Unable to obtain |  ☐ Cange | ☐ St. Marc |  ☐ HUM | ☐ PaP |
| ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

MANAGING PHYSICIAN’S Printed Name: date of submission: (mm/\_dd\_/yy)  |

| CONSULT RECOMMENDATIONS |
| --- |
| Oncologist name: | Date: |
| Assessment: |
| Work-up:(Indicate if NEEDED)   | Labs  | CXR  | US  | CT  | Bx  | Other  |
| Goals of Care:(Indicate YES or NO) | Curative | Palliative |
| Final Recommendations: |
| Surgery: |  |
| Chemotherapy: | ☐ Adjuvant ☐Neo-adjuvant / Drug / Dose / Frequency |
| Endocrine Therapy:(Tamoxifen) |  ☐ Neo-adjuvant  | ☐ Adjuvant  |
| Follow-up: | Oldine to Call? Priority chemo schedule / Clinic appt / Surgical evaluation |

**PIH Pathology Submission Form**

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| **SURGICAL BIOPSY INFORMATION** |
| **Date of Surgery**  |  |
| **Procedure** |  |
| **Size of Mass** |  |
| **Lymph Node Involvement?** | ☐ **yes** ☐ **no** |
| **P****reoperative Diagnosis**  |  |
| **Postoperative Diagnosis** |  |
| **Operative Findings** |  |
| **Specimens Obtained (please list all)** | **#1** |  | **#3** |  |
| **#2** |  | **#4** |  |
| **RUSH Request (to be completed by Program Director)** | **Yes** ☐ **No** ☐ | **Signature:**  |
| **NON-SURGICAL BIOPSY**  | ☐ **fresh blood;** ☐ **bone marrow aspirate;** ☐ **microscopic slide;** ☐ **paraffin block** |
| **Procedure:** |  | **Date:** |
| **Specimen Obtained:** |  |
| **Specific tests requested (i.e. blood tests/cytogenetics) \*\*Must be completed** |  |
| **CLINICAL TEAM INFORMATION** |
| **Contact with pathology result :**☐ **yes** ☐ **no** | **Contact with pathology result:**☐ **yes** ☐ **no** | **Contact with pathology result:**☐ **yes** ☐ **no** |
| **Name: Ruth Damuse** |  **Name: Dr. Hamiltong** | **Name: Dr. Jean Louis** |
| **Oncology Clinical Director** | **Surgeon** | **Surgeon** |
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|  |  |  |
| **Contact with pathology result:**☐ **yes** ☐ **no** | **Contact with pathology result:**☐ **yes** ☐ **no** | **Contact with pathology result:**☐ **yes** ☐ **no** |
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