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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | BBiopsy  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** | |
| **Telephone: 50948900211** | **Telephone:50936707466** | | | **Telephone: 50937695598** | |
| **Email: rdamuse@pih.org** | **Email:jehamil@gmail.com** | | | **Email:wychy2000@yahoo.fr** | |
|  |  | | |  | |
| **Contact with pathology result:**  ☐ **yes** ☐ **no** | **Contact with pathology result:**  ☐ **yes** ☐ **no** | | | **Contact with pathology result:**  ☐ **yes** ☐ **no** | |
| **Name: Dr. Louisfils** | **Name: Paula Hercules** | | | **Name: Jordan Pyda** | |
| **Telephone: 50938731819** | **Telephone: +50948133024** | | | **Telephone:+50931145223** | |
|  | **Surgical Sub-Intern** | | | **Surgical Sub-Intern** | |
| **Email:maylouisfils@yahoo.com** | **Email: pjhercule@gmail.com** | | | **Email:** **jordanpyda@gmail.com** | |