

CAMPBELL COUNTY MEMORIAL HOSPITAL
 501 SOUTH BURMA AVENUE
 GILLETTE, WYOMING 82716

**MEDICAL ONCOLOGY
 PROGRESS NOTE**

* R F P N *

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DATE: _____ AGE _____ GENDER: M / F OCCUPATION: _____ CITY YOU LIVE IN _____

DO YOU SMOKE: Y / N WHAT & HOW MUCH? _____ ALCOHOL /WHAT & HOW MUCH? _____

PRIMARY PHYSICIAN _____ OTHER DOCTORS _____

REASON FOR TODAY'S VISIT /MAJOR COMPLAINT _____

<p><u>GENERAL:</u> Fever Chills Hot Flashes Night Sweats Fatigue: Mild Moderate Severe 1-4 4-7 7-10 Mood: Depression Anxiety Fear Anger</p>	<p><u>ACTIVITY:</u> Over the last month I would rate my activity as generally: _____ Normal no limitations _____ Not my normal self, but able to be up and about with a fair amount of normal activities _____ Not feeling up to most things, but in bed less than half the day _____ Able to do little activity and spend most of the day in bed or chair _____ Pretty much bedridden, rarely out of bed</p>
<p><u>EARS NOSE AND THROAT:</u> Mouth Sores Sore Throat Nasal Drainage Denture/Teeth Problems Bloody Nose</p>	
<p><u>GENITOURINARY:</u> Blood in Urine Painful Urination Frequency Urgency Difficulty Starting</p>	
<p><u>CARDIO / VASCULAR / RESPIRATORY:</u> Irregular Heart Beat Chest Discomfort Shortness of Breath Persistent Cough Swollen Lymph Nodes Swelling/Puffiness Where? Blood in Sputum / Phlegm</p>	
<p><u>GASTROINTESTINAL:</u> Nausea / Vomiting Problems Swallowing Heartburn Burping Poor Appetite Abdominal Pain Weight Loss/ Gain Constipation Diarrhea (# of stools in 24 hrs.____) Blood in Stools Black Stools</p>	<p><u>OBJECTIVE:</u></p>
<p><u>MUSCLE – SKELETON:</u> Muscle Pain Bone / Joint Pain /10 Comfort Goal /10</p>	<p><u>ASSESSMENT/PLAN:</u></p>
<p><u>NEURO:</u> Headache Y / N Vision Problems: Blurry/Double Vision Light Headedness / Dizziness Numbness / Tingling Y/ N Where:</p>	
<p><u>BREAST:</u> Lump Pain Skin change Nipple discharge</p>	
<p><u>SKIN:</u> Rash Peeling Pain Redness Itching Bruising</p>	

PATIENT SIGNATURE: _____ DATE: _____ TIME: _____

PROVIDER SIGNATURE: _____ DATE: _____ TIME: _____

(OFFICE USE ONLY) HT: _____ WT: _____ BSA: _____ VS: T _____ HR _____ R _____ BP _____ O2 % _____