

**MULTI-DISCIPLINARY SURGICAL
ASSESSMENT**

ADDRESSOGRAPH

Date (YY/MM/DD) & Time: _____ Age _____ Height: _____ cm Weight: _____ kg

Referred by: _____ Accompanied By: _____

Occupation/Employer: _____ Medications (list): _____

Drug Coverage: Yes No CCAC _____

Visiting Nurse: Yes No Anticoagulants: Yes No _____

Allergies (list): _____

Current History: _____

Past Medical/ Family History (include surgeries): _____

Consult:

Medical Oncology Radiation Oncology Surgery
 Social Work Dietitian

Patient/Family Teaching/Information:

Patient Information Package Skin Care/ Precautions
 OR Package completed Medication
 Contact Numbers Discharge Plan
 Wound Care "Chemo and You" booklet
 Treatment Plan Lodge
 "Radiation and You" booklet

Other:

Monitor (Watch & Wait)

Procedures Performed:

Blood work (Regular Basis)
 Blood work Wound care Other _____

Procedures Assisted:

Punch Biopsy Core Biopsy FNA Excision of Lesion Excision Biopsy

Treatment:

Chemotherapy/Biotherapy
 Booking form completed: Start date: _____ Regimen: _____

Radiotherapy Planning Requisition submitted: Yes No

Additional Notes:

Signature/Designation

Print Name/Designation