

Date of birth		Gender M / F	Date of death	
Smoking Status		Smokers Counseled Y / N	Referred Y / N	
Advanced Directive	Y / N	Transfer- in status:	Initial	Transfer After initial
Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Hawiian <input type="checkbox"/> Other	Ethnicity	<input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non Hispanic / Latino	
Diagnosis code		Mets	Y / N	Cytology Date
Date of diagnosis		Resection	Y / N	Pathology Date
1st visit date		pain score		emotion
2nd visit date		pain score		emotion
Most recent visit date/ pre death		pain score		emotion
2nd most recent visit/ pre death		pain score		emotion
Staging documented	Y / N	Date:	Stage:	
Performance score documented:	Y / N	Date:	Score:	
Opioid script written in past 6 months	Y / N	Date:	Constipation discussed	Y / N
Treatment summary completed	Y / N	Date:		
Treatment summary date to pt:		Date to other MD:		
Hospice /Pall Care Discussed Date:		Hospice / Pall care?	Y / N	Hospic/Pall Care Ref Dt:
Date chemo recommended		Goal / intent of Treatment:	Neoadjuvant Adjuvant Palliation	
Chemo consent date:		Practitioner documented / scanned consent		
Date chemo started		Route of chemo	IV	Oral IP IT
Pre drugs		Emetogenic agent:		
Chemo name(s)		moderate / high		
Date Chemo ended:		End reason:		
Notes				

• Credit to Tiffany Peters, Michigan Medicine for creation of this form.