

Date of clinic: ___DD___/___MM___/___YY___

Hospital: _____

Specialty: ENT / MAX FAC / ONC / PLASTICS

Clinic type: MDT / H&N / OTHER

Affix patient label here

CLINICAL ASSESSMENT

GRADE OF CLINICIAN CARRYING OUT CONSULTATION:

Consultant	Post-CCT Fellow	Registrar	SASG	Core/foundation Trainee/equivalent	Allied health professional
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REASON FOR CONSULTATION:

Planned follow-up	Expedited by PATIENT with concerns of recurrence	Expedited by PATIENT due to disease or treatment related morbidity	Expedited by CLINICIANS due to new medical findings
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SMOKING HISTORY:

Never	Previous	Current
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ALCOHOL HISTORY:

Never	Previous	Current
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NEW SYMPTOM(s) AND COMPLAINT(s) SINCE LAST CONSULTATION:

Difficulty Breathing	Pain in mouth or throat	Pain in neck or shoulder	Difficulty swallowing
Dry mouth	Difficulty speaking	Bleeding	Tiredness
None	Others:		

CLINICAL EXAMINATIONS PERFORMED:

Direct inspection	Neck examination	Endoscopic examination	Indirect laryngoscopy
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Significant findings:



British Association of Head & Neck Oncologists

HEAD & NECK CANCER SURVEILLANCE AUDIT 2018

PLEASE COMPLETE ALL ELEMENTS, TICKING ALL RELEVANT BOXES, FOR ALL POST-TREATMENT HEAD & NECK CANCER PATIENTS EXCLUDING THYROID MALIGNANCY

OUTCOMES OF CONSULTATION

NEW ACTIVE MALIGNANCY IS:			
Not suspected	Possible – requiring investigation	Highly suspected but not confirmed	Confirmed

IF SUSPECTED OR CONFIRMED, SITES OF SUGGESTED MALIGNANCY ARE:						
Primary site	Neck nodes		Distant metastasis		Second primary	
Site of distant metastasis:	Lung	Liver	Spine	Bones	Brain	Other
Site of Second primary:	Oral cavity	Oro-pharynx	Hypo-pharynx	Larynx	Other:	

INVESTIGATIONS ARRANGED/PERFORMED DURING CONSULTATION:						
CT	PET-CT	MRI	Ultrasound	FNA/ core biopsy	Open biopsy	Examination under anaesthetic
Others:						

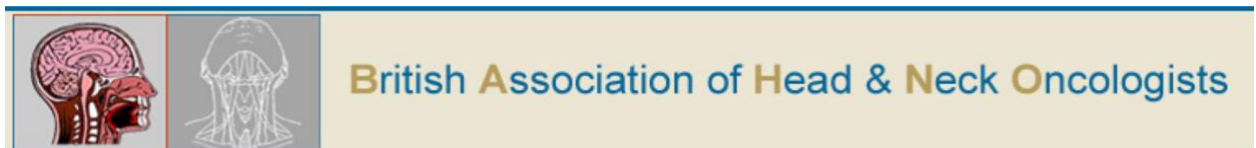
WAS THERE A NEED TO INVOLVE AN ALLIED HEALTH PROFESSIONAL?			
NO	YES Available during consultation		YES Arranged for a future date
Which allied health professional(s) were required:	Clinical nurse specialist	Speech and language therapist	Dietician
	Physiotherapist	Dental professionals	Psychologists
	Others:		

SMOKING INTERVENTION:				ALCOHOL INTERVENTION:			
None	Verbal advice	Written leaflet	Onward referral	None	Verbal advice	Written leaflet	Onward referral

OTHER INTERVENTIONS:	
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FOLLOW UP INTERVAL (weeks):	
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CLINICIAN name/sig/GMC:	
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