

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

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

SMOKING HISTORY:			ALCOHOL HISTORY:		
Never	Previous	Current	Never	Previous	Current

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
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 & CUTANEOUS MALIGNANCY

OUTCOMES OF CONSULTATION

NEW ACTIVE MALIGNANCY IS:			
Not suspected	Possible – findings requiring further investigation/change in surveillance plan	Highly suspected Clinically or radiologically	Histologically 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 & language therapist
	Physiotherapist		Dental professionals
	Others:		
Dietician Psychologists			

SMOKING INTERVENTION:				ALCOHOL INTERVENTION:				PATIENT EDUCATION REGARDS RECURRENCE:		
None	Verbal advice	Written advice	Referral	None	Verbal advice	Written advice	Referral	None	Verbal Advice	Written advice

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