


Kingdom of Saudi Arabia
Ministry of National Guard Health Affairs



ASSESSMENT FOR FOLLOW UP
PATIENT- LUNG CANCER

Date : _____ Time _____

HISTORY OF PRESENT ILLNESS: (Disease type/ stage/ previous management)

Is the patient Enrolled in a study NO ☐ YES ☐ specify the (RC) Number _____

Current cancer therapy _____

ROS / Side effect (grading as mentioned in CTCAE version 4)

Adverse Event Name	Grading 1 to 4	Onset Date	Relation	Intervention
			Yes / No/ Unknown	

Investigation :

- Performance Status: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
- Physical examination

- Laboratory :

- Radiology :

RECIST criteria ☐ PR ☐ SD ☐ PD ☐ CR Other, specify _____

Assessment

Plan (Cancer management):

- ☐ Continue on same regimen _____ cycle# _____ interval: _____
- ☐ Modify current cancer therapy to: _____
Reason: _____
- ☐ Change treatment to regimen _____ cycle# _____ interval: _____
Reason: _____
- ☐ Is the treatment according to guideline? Yes ☐ No ☐ Justify _____
- ☐ Discussions in Tumor board specify reason, _____

Other Issue:

- ☐ Any other recommendations/plans:

Follow up appointment :

- ☐ Clinic Appointment _____
- ☐ Chemotherapy appointment _____
- ☐ Requested Labs : _____
- ☐ Requested Imaging _____

Follow up with other disciplinary:

- ☐ Clinical Pharmacist
- ☐ Social Worker
- ☐ Nurse Clinic

Physician Name _____ Badge _____ Signature _____ Date _____