


Kingdom of Saudi Arabia  
Ministry of National Guard Health



**ASSESSMENT FOR NEW PATIENT  
LUNG CANCER**

Date : \_\_\_\_\_ Time \_\_\_\_\_

**PERSONAL HISTORY:**  
Age \_\_\_\_\_ Gender \_\_\_\_\_

**HISTORY OF PRESENT ILLNESS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SYMPTOMS	DATE OF ONSET	DESCRIPTION
Cough		
Shortness of Breath		
Hemoptysis		
Weight Loss		Baseline weight : Amount loss :
Headache		
Pain		Pain Score :      Location: Duration:
Others :		

**SOCIAL HISTORY:** Marital Status: \_\_\_\_\_ Residence: \_\_\_\_\_ Occupation: \_\_\_\_\_ Nationality: \_\_\_\_\_  
**FAMILY HISTORY:** ☐ None  
**PAST MEDICAL HISTORY:** ☐ None

Past Medical Disease	Date of Onset	Management including Treatment	Status

**PAST SURGICAL HISTORY:** ☐ None

Procedure Name	Reason for the Procedure	Procedure Date

**MEDICATION HISTORY:** ☐ None

Current Medications	Start Date/ Year

**COMPLEMENTARY and ALTERNATIVE MEDICINE (CAM):**  
☐ Zamzam Water   ☐ Camel Milk   ☐ Camel Urine   ☐ Honey   ☐ Black Seed   ☐ Others \_\_\_\_\_

**SMOKING HISTORY AND RISK FACTORS:**

☐ None Smoker:      ☐ Former Smoker      Date of Quitting \_\_\_\_\_

**CURRENT SMOKER:**  
 No. of packs/day : \_\_\_\_\_ No of years \_\_\_\_\_ Type of Smoking: ☐ cigarettes   ☐ bubbly smoking   ☐ nuff  
☐ Others, specify \_\_\_\_\_

**EXPOSURE TO RISK FACTORS:** ☐ Radiation   ☐ Incense (Bachour)   ☐ Passive Smoking  
☐ Others, specify \_\_\_\_\_

**PHYSICAL EXAMINATION:**  
 Performance Status: ☐ 0   ☐ 1   ☐ 2   ☐ 3   ☐ 4  
 Weight \_\_\_\_\_ Height \_\_\_\_\_

**Vital Signs :** Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_ Oxygen Saturation \_\_\_\_\_

**PERTINENT FINDINGS:**  
☐ Chest Exam, specify \_\_\_\_\_   ☐ Lymph Nodes   ☐ Clubbing   ☐ Others \_\_\_\_\_

**INVESTIGATIONS:** Labs: \_\_\_\_\_  
 Radiology: \_\_\_\_\_  
 Pathology : ☐ Adenocarcinoma   ☐ Squamous Cell Carcinoma   ☐ Large Cell Carcinoma  
☐ Small Cell Carcinoma   ☐ Other, specify \_\_\_\_\_

**TUMOR MARKERS:** 1-EGFR ☐ MUTANT   ☐ WILD TYPE   ☐ NOTE DONE, reason \_\_\_\_\_  
 2- ALK ☐ POSITIVE   ☐ NEGATIVE   ☐ NOT DONE, reason \_\_\_\_\_

**Assessment Disease (Type/ Stage)** T ( )      N ( )      M ( )

☐ Counseled about smoking cessation

**PLAN OF MANAGEMENT:**  
 regimen \_\_\_\_\_ cycle# \_\_\_\_\_ interval: \_\_\_\_\_

**FOLLOW UP APPOINTMENT:** ☐ Chemotherapy Appointment \_\_\_\_\_  
☐ Clinic (MD) Appointment \_\_\_\_\_

**APPOINTMENT WITH OTHER DISCIPLINES:**  
☐ Social Worker \_\_\_\_\_  
☐ Clinical Pharmacist \_\_\_\_\_  
☐ Nurse Clinic \_\_\_\_\_  
☐ Other \_\_\_\_\_

☐ Discussion in Tumor Board, reason \_\_\_\_\_ ☐ Yes ☐ No      Justify \_\_\_\_\_

☐ Requested Labs \_\_\_\_\_ ☐ Requested Imaging \_\_\_\_\_

**Is the treatment according to Clinical Practice Guidelines:** ☐ Yes   ☐ No Justify \_\_\_\_\_

**Will the patient be enrolled in a study:** ☐ No   ☐ Yes      Specify the (RC) Number \_\_\_\_\_

**PHYSICIAN'S NAME** \_\_\_\_\_ **BN** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_