


# Hematology-Oncology Encounter Worksheet

Name		Date:	New   Return
Last 4:                      Age                      M   F                      Height:		PCP	
ID: context blurb		Site	
CC: Purpose of visit		Home	
Summary HPI		Support	
&/or		Family/Friend	
Chronology		PMH, Meds, Lab,	
Date		Comorbidity Issues:	
Key Events: Onset, Presentation, Workup, Tissue Dx, Staging, Management Event			

^ Subjective/Objective/Assessment  
 > Plan:

ECOG/KPS:  
 Meds Rec'd: Yes | No  
 Results Shared: Yes | No  
 Prognosis & Goals  
 Clear/Discussed: Yes | No

Provider(s):	Resident/	Attending
Name/Number	Fellow/NP	