

ROOM #

Patient Checkout

Patient Name: _____

FOR OFFICE USE ONLY	
Temp:	BP:
Pulse:	OX:
Weight:	Height:

FOR OFFICE USE ONLY	
F/U: <input type="checkbox"/> Cancer <input type="checkbox"/> Hx of Cancer <input type="checkbox"/> Recon. <input type="checkbox"/> Office <input type="checkbox"/> Tele	FU: <input type="checkbox"/> TE fill <input type="checkbox"/> Benign breast <input type="checkbox"/> Skin procedure <input type="checkbox"/> Skin FU. <input type="checkbox"/> Cosmo <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Sarah <input type="checkbox"/> Michele
Mammogram: <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic	MRI: <input type="checkbox"/> Brain <input type="checkbox"/> Breast. DUE:
US: <input type="checkbox"/> RT <input type="checkbox"/> LT	<input type="checkbox"/> PE <input type="checkbox"/> Bone Density
<input type="checkbox"/> EKG <input type="checkbox"/> CXR Labs: CBC/BMP. <input type="checkbox"/> Cancer Labs	<input type="checkbox"/> Cardiac Clearance <input type="checkbox"/> Medical Clearance
Pictures:	Work/School note needed:
Medical Records	RX Sent by Dr. Olaya:
Referral: <input type="checkbox"/> Rad Onc. <input type="checkbox"/> Oncology <input type="checkbox"/> Genetics	<input type="checkbox"/> Surgery Sheet
<input type="checkbox"/> Physical therapy <input type="checkbox"/> Post mastectomy bra/prosthesis	

Patient please check any symptoms that apply below:

- GENERAL:** chills fatigue fever loss of appetite weakness unintentional weight loss
- SKIN:** incision infection laceration lesions lumps mole changes itching rash wound
- RESPIRATORY:** clubbing of fingers cough trouble breathing
- CARDIAC:** chest pain difficulty breathing with activity swelling in your legs.
- GASTROINTESTINAL:** abdominal pain constipation diarrhea nausea vomiting
- NEUROLOGIC:** confusion disorientation dizziness loss of balance seizures
- PSYCHIATRIC:** anxiety delusions depression
- HEAD:** deformity dizziness head injury headache that wont go away
- EYES:** blurred vision double vision eye discharge
- EARS:** discharge earache infection.
- NECK:** neck mass, neck pain, stiffness, swelling.
- GENITOURINARY:** no urine/dialysis painful urination flank pain blood in urine
- MUSCULOSKELETAL:** arthritis constant back pain constant bone pain joint pain
 limitation of motion walker wheelchair lymphedema/arm swelling
- BREASTS:** breast skin changes deformity lump Nipple discharge/pulling pain redness sore
- BREAST CANCER SURVEILLANCE:** headaches that wont go away changes in vision
 dizziness shortness of breath coughing up blood constant bone pain yellowing of eyes/skin