New Consult for

Presentation

Discharge ___ Vaginal bleeding ___ Painful intercourse ___ Bloating ___ Pain ___

Last Pap Smear

Any history of abnormal pap smears?

Gynecologist

GYN/ONC

Medical Oncologist

Imaging:

Biopsy Date:

Pathology:

Surgery:
New Consult for: Prostate Cancer

Previous TURP:

Gleason Score:

Number of Biopsies

PSA:

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ADT:

Urologist:

Persons living at home

SHIM
AUA
New Consult for

Presentation
   Any prior history of breast problems or biopsies?

Last Mammogram

Breast MRI

Breast Surgeon

Medical Oncologist

Surgery date

Pathology
   ER/PR ___  Her2 ___  Onco Type ___

Genetic Testing

Hormones

BCP

Persons living at home