

**OUTPATIENT SUMMARY / COMMUNICATION LOG**

Patient's Name: \_\_\_\_\_ MRN: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Home Community: \_\_\_\_\_  
 Sex:  Male  Female Community treatment centre: \_\_\_\_\_  
 PHN: \_\_\_\_\_ Vancouver Tel: \_\_\_\_\_

**CARE PROVIDERS**

BC CHILDREN'S HOSPITAL

Oncologist: \_\_\_\_\_  
 Other Consultants: \_\_\_\_\_  
 Primary Nurse: \_\_\_\_\_  
 Social Worker: \_\_\_\_\_  
 Dietitian: \_\_\_\_\_

COMMUNITY

Pediatrician: \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_  
 Primary Nurse(s): \_\_\_\_\_

**DIAGNOSES**

Primary Diagnosis: \_\_\_\_\_ Protocol: \_\_\_\_\_  
 VAD:  Access needle size: \_\_\_\_\_ Special Considerations: \_\_\_\_\_  
 CVC:  \_\_\_\_\_

**DATE:** \_\_\_\_\_

**REASON FOR ADMISSION / CLINIC VISIT:** \_\_\_\_\_

**PROBLEM LIST / CURRENT ISSUES**

**CLINICAL FINDINGS / PHYSICAL EXAM**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**RELEVANT LABORATORY INVESTIGATIONS**

BW Date: \_\_\_\_\_ WBC \_\_\_\_\_ Hgb \_\_\_\_\_ Plat \_\_\_\_\_ ANC \_\_\_\_\_  
 Other: \_\_\_\_\_

**TREATMENT**

Chemotherapy given \_\_\_\_\_ Transfusion \_\_\_\_\_  
                   Insuflon \_\_\_\_\_ Abx given \_\_\_\_\_  
                   Other \_\_\_\_\_  
                   \_\_\_\_\_

**Children's & Women's Health Centre of British Columbia  
PEDIATRIC ONCOLOGY / HEMATOLOGY / BONE MARROW TRANSPLANTATION**

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Patient's Name: \_\_\_\_\_ MRN: \_\_\_\_\_

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**MEDICATIONS AT DISCHARGE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dosage adjustment since last visit: \_\_\_\_\_

**FOLLOW – UP / NEXT TREATMENT PLAN**

NEXT TREATMENT:

Phase: \_\_\_\_\_ Day: \_\_\_\_\_

Due Date: \_\_\_\_\_

Booked at BCCH

Booked at Community

Not yet booked

REQUIREMENTS BEFORE NEXT VISIT:

Count dependent: ANC > \_\_\_\_\_ Platelets > \_\_\_\_\_

Outside lab work ordered:  Yes  No Date: \_\_\_\_\_

Echo  GFR  Audiogram

Other: \_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Completed by: \_\_\_\_\_

Report date: \_\_\_\_\_

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