

Instructions for Use:

Please complete this form in a Word document (.doc/.docx).

Write your responses directly after each numbered item in a separate doc, not directly in form

For sections marked "if yes, specify", provide details only if the answer is yes.

Forward to info@claritymed.eu

Payment to

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REVOFRP2

For other payment modalities contact before

1) Patient Identification

1.1 Name / ID:

1.2 Date of birth:

1.3 Age:

1.4 Sex: Male Female Other

1.5 Height:

1.6 Weight:

1.7 BMI:

1.8 Date of visit:

1.9 Referring physician / Center:

2) Relevant Medical History

2.1 Associated pathologies (HTN, DM, CAD, COPD, etc.):

2.2 Past medical history:

2.3 Past surgical history (non-oncologic):

2.4 Allergies:

2.5 Current medications:

2.6 Smoking status: Never Former Current

2.7 Alcohol: Never Occasional Regular

2.8 Performance status: ECOG 0 1 2 3 4 / Karnofsky:

3) Family History (Cancer)

3.1 Relatives with cancer (relation, cancer type, age at diagnosis, outcome if known):

3.2 Known hereditary syndrome: Yes No Unknown

3.3 If yes, specify:

4) Index Cancer – Initial Presentation

4.1 Date of first symptoms:

4.2 Symptoms at diagnosis:

4.3 Date of diagnosis:

4.4 Mode of diagnosis (biopsy, surgery, imaging, etc.):

5) Pathology / Molecular Biology

(Please attach report if available)

5.1 Histology:

5.2 Grade:

5.3 Stage (TNM, if applicable):

5.4 Biomarkers (ER, PR, HER2, Ki-67, etc.):

5.5 Molecular testing (NGS, PCR, FISH, etc.):

6) Treatments (Chronological Order)

Treatment #1

6.1.1 Intent: Curative Adjuvant Neoadjuvant Palliative

6.1.2 Start date:

6.1.3 End date:

6.1.4 Type: Surgery Chemotherapy Immunotherapy Targeted therapy
Radiotherapy Other

6.1.5 Details (procedure or regimen):

6.1.6 Number of cycles (planned / received):

6.1.7 Radiotherapy: Technique:

6.1.8 Total dose:

6.1.9 Fractionation:

6.1.10 Side effects / toxicities (CTCAE grade if possible):

6.1.11 Imaging performed: Yes No

6.1.12 If yes, Imaging date(s):

6.1.13 Imaging report conclusion:

6.1.14 Response: CR PR SD PD

6.1.15 Date of evaluation:

6.1.16 Method of evaluation:

Treatment #2

6.2.1 Intent: Curative Adjuvant Neoadjuvant Palliative

6.2.2 Start date:

6.2.3 End date:

6.2.4 Type: Surgery Chemotherapy Immunotherapy Targeted therapy
Radiotherapy Other

6.2.5 Details (procedure or regimen):

6.2.6 Number of cycles (planned / received):

6.2.7 Radiotherapy: Technique:

6.2.8 Total dose:

6.2.9 Fractionation:

6.2.10 Side effects / toxicities (CTCAE grade if possible):

6.2.11 Imaging performed: Yes No

6.2.12 If yes, Imaging date(s):

6.2.13 Imaging report conclusion:

6.2.14 Response: CR PR SD PD

6.2.15 Date of evaluation:

6.2.16 Method of evaluation:

Treatment following sections follow the same structure, add as many as necessary

7) Current Disease Status

7.1 Last imaging date:

7.2 Modality (CT/MRI/PET/etc.):

7.3 Imaging report conclusion:

7.4 Current stage / status:

7.5 Tumor markers (if applicable):

7.6 Current treatment (if any):

8) Cardiovascular, Respiratory, Renal Assessment

8.1 Cardiovascular:

- History of cardiac disease: Yes No

- BP:

- ECG: Normal Abnormal (specify):

- Echocardiography: LVEF (%): Date:

- Other (troponin, BNP, stress test if relevant):

8.2 Respiratory:

- History (COPD, asthma, fibrosis, etc.):

- Symptoms (dyspnea, cough):

- Peak flow:

- Spirometry: FEV1: FVC: DLC:

- Imaging (if relevant):

8.3 Renal:

- Serum creatinine:

- eGFR (CKD-EPI/MDRD):

- Proteinuria: Yes No

- History of kidney disease: Yes No

8.4 Hepatic (optional but useful):

AST: ALT: ALP/GGT: Bilirubin: Albumin:

9) Geographic Location and Mobility

9.1 Current country and city of residence:

9.2 Mobility / Travel constraints:

10) Other Relevant Assessments

10.1 Neurological status:

10.2 Nutritional status:

10.3 Pain assessment:

10.4 Geriatric assessment (if applicable):

10.5 Psychosocial context:

11) Summary / Oncologist Notes

11.1 Key points:

11.2 Therapeutic strategy:

11.3 Open issues / pending results:

11.4 Physician name and signature:

11.5 Date: