Consotherapy Oncology

Cancer Patient Form (Initial)

|  |  |  |
| --- | --- | --- |
| Name:(last) (first) (Middle) | Gender: | Date of birth: |
| Address: | | |
| Zip code: | Email: | |
| Phone number: | Contact: | Relationship with patient: |
| Prepared by: | | |

|  |
| --- |
| **A.Brief description of the condition and history:** |
| Please describe what happened since any symptoms first shown up. More details on your current symptoms. |

|  |
| --- |
| **B. Causes of the disease** (This is referring to self-analysis and not medical diagnosis. If you are not sure please leave it blank) |
| 1. Chronic disease factors   Can you think of any disease or symptoms that you had before might be related with this cancer?  How long have you had these symptoms : |
| 1. Environmental factors (You can choose multiple)   Your health may have been affected in the past:  □Living environment □Climate (haze, or other: \_\_\_\_\_\_\_\_\_\_\_\_) □Social and cultural environment (including workplace)  □Family and human environment. |
| 1. Emotional factors (You can choose multiple)   What is your personality : □Happy and cheerful □Easy to get angry □Easy to be worry and overthinking □easily sad □easily fearing  What kind of emotion do you think may have affected you: |
| 1. Dietary factors (You can choose multiple)   You dietary history: □Dietary irregular □Meat-based □Vegetarian-based □Prefer hot food □Prefer cool food  What diet related factors might affect your health and the reasons: |
| 1. Lifestyle factors (You can choose multiple)   History: □Stay up late □Hard working □Less exercise □No exercise □Have a nap after lunch □Never take a nap after lunch |
| 1. Genetic factors   Do you have any family have history of cancer?  □ Not sure  □Yes / Please list your family history: |

|  |
| --- |
| **C. Appetite, Weight, Sleep** |
| 1. Appetite   □ Appetite is basically normal □No appetite, fell uncomfortable after eat or vomit □Appetite is good, but don’t want to eat due to bloating after eating □Deceased appetite, about one third of intake compared with before □Deceased appetite, about 50 % of intake compared with before  □Appetite is slightly reduced |
| 1. Weight   Weight before the illness: ( ) lb  Current weight: ( ) lb |
| 1. Sleep   □ sleep is normal □Sleep well before the illness □ Poor sleeping before the illness  If you are sleeping poorly, what best describe the problem:  □ Difficult to fall asleep □ Fall asleep well, but easy to wake up □ Difficult to fall asleep and wake up easily  What might affect your sleeping : |

|  |
| --- |
| **D. Symptom Classification** |
| 1. Classification One   □ Feel full in stomach (stomach nausea) □ Feel full in stomach and aggravated after eating □ Whole abdominal fullness  □ Whole abdominal fullness and pain □None of the above  Do you have the following symptoms?  belching : □ Frequent □ Sometimes □ Rarely□ none  Sigh (easy to sigh): □ Frequent □ Sometimes □ Rarely  Hiccup (the sound of diaphragm cramp): □ Frequently □ Sometimes □ Rarely□ none  Which part of the body is bloated, please list the specific location: |
| 2）Classification two  □ Mild pain (grade 1-3), can be tolerated without medicine.  □ Moderate pain (grade 4-6), oral painkillers required.  □ Severe pain (grade 7-8), requiring strong pain medicine or morphine.  □ The heaviest pain (grade 9-10), requiring large doses of morphine, or intramuscular/venous morphine.  □ None of the above. |
| 3）Classification three  □ Mild edema of the lower limbs.  □ Moderate edema of lower limbs.  □ Severe edema of the lower limbs.  □ Limb edema and cum: pleural effusion ascites.  □None of the above. |
| 4）Classification four  □ Mild fatigue  □ Lacking in strength of walking, sleeping can not ease.  □ Somnolence, or need crutches to walk.  □ Need a wheelchair, or difficult to get up in bed.  □None of the above. |
| 5）Classification five  □ Dry mouth, thirst would decline after drink a little be water.  □ Dry mouth, frequent drinking is difficult to solve your thirst.  □ Dry mouth, frequent drinking is difficult to solve your thirst, light dry BM.  □ Dry mouth, frequent drinking or do not want to drink water, severe constipation. |
| 6）Classification Six  □ Cold hands and feet  □ Hands and feet and the whole body are cold.  □ Hands and feet and the whole body are cold, and the limbs are mild to moderately edema.  □ Hands and feet and the whole body are cold, limbs edema , pleural effusion or ascites. |

|  |
| --- |
| **E. Picture (For distance patient: you can take pictures by yourself. For outpatient, your doctor will take them.)** |
| 1. Tongue: Under natural light or sunlight, the patient naturally sticks out the tongue and takes a picture:   then lifts the tip of the tongue naturally and takes a photo of the tongue: |
| 1. Face Picture, lip color: take a photo of your face. |
| 1. Fingernails: put your left and right hands naturally stretched, take a picture of the first half of your hand including the nai: |
| 1. Eyelids: The photographer opens the patient's lower eyelids and takes a photo. Take pictures of both lower eyelids: |

|  |
| --- |
| **F. Pulse(For outpatient only.)** |
|  |

|  |
| --- |
| 1. **Attachements of the Patient’s CT, Lab Test, and Other Medical Data that the Patient May Have.** |
| Note : for distance patient, please email the above data to [consotherapy@gmail.com](mailto:consotherapy@gmail.com). In mainland China, patients can contact our Beijing office : [hope@consotherapy.com](mailto:hope@consotherapy.com). cn. |

|  |
| --- |
| **The following Data is for Doctor Only** |
| 1. Analysis of Heat Toxin:   Clinical Stage :  Pathological stagng: |
| 1. Analysis of Disease Qi:   Qi Stagnation:  Blood Stasis:  Water Retention:  Heat Toxin: |
| 1. Analysis of Normal Qi:   Qi Deficiency:  Blood Deficiency:  Yin Deficiency:  Yang Deficieny: |
| 1. Comprehensive Anlysis: |
| 1. Principle of Treatment: |
| 1. Therapies: |
| 1. Proposal of Treatment: |
| 1. Cost: |
| 1. Discussion with Patient: |
| 1. Prescriptions: |
| 1. Medical Note: |
| 1. Doctor in-charge: |