Consotherapy Oncology

Cancer Patient Form (Initial)

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

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

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| **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 fearingWhat 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 foodWhat 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: |

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| **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 : |

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| **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 aboveDo you have the following symptoms?belching : □ Frequent □ Sometimes □ Rarely□ noneSigh (easy to sigh): □ Frequent □ Sometimes □ RarelyHiccup (the sound of diaphragm cramp): □ Frequently □ Sometimes □ Rarely□ noneWhich 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. |

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| **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.
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| 1. Fingernails: put your left and right hands naturally stretched, take a picture of the first half of your hand including the nai:
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| 1. Eyelids: The photographer opens the patient's lower eyelids and takes a photo. Take pictures of both lower eyelids:
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| **F. Pulse(For outpatient only.)** |
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| 1. **Attachements of the Patient’s CT, Lab Test, and Other Medical Data that the Patient May Have.**
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| Note : for distance patient, please email the above data to consotherapy@gmail.com. In mainland China, patients can contact our Beijing office : hope@consotherapy.com. cn. |

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| **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:
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| 1. Principle of Treatment:
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| 1. Therapies:
 |
| 1. Proposal of Treatment:
 |
| 1. Cost:
 |
| 1. Discussion with Patient:
 |
| 1. Prescriptions:
 |
| 1. Medical Note:
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| 1. Doctor in-charge:
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