

LABEL

INITIAL EVALUATION

Inpatient	Outpatient

ALLENGINE: Fall PU Phiebitis See specific routine	RISKS										
THE PREVIOUS ADMISSIONS FURGERY RADIOTHERAPY NOTES AND THE PREVIOUS ADMISSIONS STREET RADIOTHERAPY/CHEMOTHERAPY NOTES AND UNKnown Passes NO Unknown Yes Which? 2.Diabetres No Unknown Yes Which? 2.Diabetres No Unknown Yes Which? 2.Diabetres No Unknown Yes Which? 3. Diff Previous and Contagious Diseases No Unknown Yes Which? 7. Other diseases No Unknown Yes Which? 8. Shooling No Unknown Yes Which? 8. Shooling No Unknown Yes Which? 8. Shooling No Unknown Yes Which? 9. Alcoholism No Yes Alexandri Alexandri Seepency: 11. Siesp and rest Quelt Residually Seepency: 11. Height: Weight Seepency: 11. Height: Wight Height: Wight Seepency: 11. Height: Wight Seepency: Wight S	ALLERGIES:				Fall	PU	Phlebitis				
What does the patient know about the reason for admission / attendance? (Wirte down as reported by patient). PREVIOUS ADMISSIONS SURGERY RADIO HERALPY INSTITUTION NOTES! ANESTHETIC COMPUICATIONS					Other:			See speeme re	oddine.		
PREVIOUS ADMISSIONS/ SURCERY RADIOTHERAPY LOCATION / TYPE DATE OF PROCEDURE No IUNknown Yes Since when? 1. Fasting No Unknown Yes General Since when? 2. Julian Since when? 3. High Blood Pressure? No Unknown Yes Which? 4. Cardiopathies No Unknown Yes Which? 5. DVT / PTE No Unknown Yes Which? 7. Other diseases No Unknown Yes Which? 9. Altoholism No Yes Amount / day Quit smoking- How long ago? 9. Altoholism No Yes Amount / day Quit drinking- How long ago? 10. Physical activity No Yes Amount / day Quit drinking- How long ago? 11. Siege and rest Quelt Restless Insomnia Siege panea Other alterations. NUTITIONAL ASPECTS Weight loss in the last 3 months? No Yes Ng: - History of: Lymphoma/Leukennia Bone manow/organ transplant Care of the head / neck NUTITIONAL ASPECTS Usual Weight: Ng Mil: Gastrointestinal cancer in clinical / surgical treatment Ves to Item 6 of the personal history Verified Weight: Acceptance / Bestrictions:	I - INTERVIEW - INITIAL DATA FOR ADMISSION / TREATMENT										
RADIOTHERAPY/CHEMOTHERAPY COMPLICATIONS COMPLICATIONS	What does the patient know ab	out the reason	for admissior	n / attendance? (V	rite down as r	eported by patient).					
RADIOTHERAPY/CHEMOTHERAPY COMPLICATIONS COMPLICATIONS											
RADIOTHERAPY/CHEMOTHERAPY COMPLICATIONS COMPLICATIONS											
No			LOCATION /	YPE		INSTITUTION					
No											
No											
No											
No											
No											
No	DEDCOMAL HISTORY / HARITS										
2.Diabetes No Unknown Yes Since when? Type: 3.High Blood Pressure? No Unknown Yes Which? 4.Cardiopathies No Unknown Yes Which? 5.DVT / PTE No Unknown Yes Which? 6. Infectious and Contagious Diseases No Unknown Yes Which? 7. Other diseases No Unknown Yes Which? 8. Smoking No Yes How many cigarettes/day? Quit smoking - How long ago? 9.Alcoholism No Yes Amount / day Quit drinking - How long ago? 10. Physical activity No Yes Frequency: 11. Sleep and rest Queit Restless Insomnia Sleep apnea Other alterations: NUTRITIONAL ASPECTS Verifield Weight: kg Mi: - Weight loss in the last 3 months? No Yes - Kg: - Reduced food intake in the last week? No Yes - Kg: - History of: Lymphoma/Leukemia Bone marrow/organ transplant Nutritionst (Nutritionst (Nut			No	Unknown	Vas	Since what time?					
3.High Blood Pressure? No Unknown Yes Which? 5.DVT / PTE No Unknown Yes How long ago? 6. Infectious and Contagious Diseases No Unknown Yes Which? 7. Other diseases No Unknown Yes Which? 8. Smoking No Yes How many cigarettes/day? Quit smoking - How long ago? 9. Alcoholism No Yes Amount / day Quit drinking - How long ago? 10. Physical activity No Yes Frequency: 11. Sleep and rest Queit Restless Insomnia Sleep apnea Other alterations: NOTRITIONAL ASPECTS Verifield Weight: Kg Height: Mg Height: Mg (BMI = Weight / Height 2)											
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6. Infectious and Contagious Diseases No Unknown Yes Which? 7. Other diseases No Unknown Yes Which? 8. Smoking No Yes How many cigarettes/day? Quit smoking - How long ago? 9. Alcoholism No Yes Amount / day Quit drinking - How long ago? 10. Physical activity No Yes Frequency: 11. Sleep and rest Queit Restless Insomnia Sleep apnea Other alterations: NUTRITIONAL ASPECTS Verifield Weight: kg m Weight loss in the last 3 months? No Yes - Kg: - Reduced food intake in the last week? No Yes - Kg: - History of: Lymphoma/Leukemia Bone marrow/organ transplant Nutritionist (Nutrition Care) Oral Diet - Acceptance / Restrictions: Oral Diet - Acceptance / Restrictions:			No		Yes	Which?					
7. Other diseases No Unknown Yes Which? 8. Smoking No Yes How many cigarettes/day? Quit smoking - How long ago? 9. Alcoholism No Yes Amount / day Quit drinking - How long ago? 10. Physical activity No Yes Frequency: 11. Sleep and rest Queit Restless Insomnia Sleep apnea Other alterations: NUTRITIONAL ASPECTS Verifield Weight: kg m Reduced food intake in the last 3 months? No Yes - Kg: - Reduced food intake in the last week? No Yes - History of: Lymphoma/Leukemia Bone marrow/organ transplant Nutritionst Usual Weight: kg (BMI = Weight / Height 2) Yes to item 6 of the personal history Oral Diet - Acceptance / Restrictions:	5.DVT / PTE No		Unknown	Yes	How long ago?						
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9.Alcoholism No Yes Amount / day Quit drinking - How long ago? 10. Physical activity No Yes Frequency: 11.Sleep and rest Queit Restless Insomnia Sleep apnea Other alterations: NUTRITIONAL ASPECTS Verifield Weight: kg	7. Other diseases No		Unknown	Yes	Which?						
10. Physical activity No Yes Frequency: 11. Sleep and rest Queit Restless Insomnia Sleep apnea Other alterations: NUTRITIONAL ASPECTS Verifield Weight: We	8. Smoking			No	Yes	How many cigarettes/day? Quit smoking - How long ago?					
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Verifield weight: kg Height: - Reduced food intake in the last 3 months? No Yes - Kg: - Reduced food intake in the last week? No Yes - History of: Lymphoma/Leukemia Bone marrow/organ transplant Activate Nutritionist (SRF Chronic Liver Disease Cancer of the head / neck (Nutrition) Weight: kg (BMI = Weight / Height 2) Yes to item 6 of the personal history Oral Diet - Acceptance / Restrictions:	10. Physical activity No			No	Yes	Frequency:					
Verifield weight: kg Height: m - Weight loss in the last 3 months? No Yes - Kg: - Reduced food intake in the last week? No Yes - History of: Lymphoma/Leukemia Bone marrow/organ transplant CRF Chronic Liver Disease Cancer of the head / neck Nutritionist (Nutrition) Care) Oral Diet - Acceptance / Restrictions:	11.Sleep and rest			Queit	Restless	Insomnia S	Sleep apnea (Other alterations:			
Weight: kg	NUTRITIONAL ASPECTS	1									
Usual Weight: kg BMI: (BMI = Weight / Height 2) - Reduced rood intake in the last week? No Yes - History of: Lymphoma/Leukemia Bone marrow/organ transplant CRF Chronic Liver Disease Cancer of the head / neck (Nutrition Care) Oral Diet - Acceptance / Restrictions:		_		- Weight	- Weight loss in the last 3 months? No Yes - Kg:						
Usual weight: kg BMI: (BMI = Weight / Height 2) Oral Diet - Acceptance / Restrictions: CRF Chronic Liver Disease Cancer of the head / neck (Nutrition) Care) Ves to item 6 of the personal history	weight: kg	m			2 yes:						
Usual weight: kg Gastrointestinal cancer in clinical / surgical treatment (BMI = Weight / Height 2) Yes to item 6 of the personal history Oral Diet - Acceptance / Restrictions:					Nu						
(BMI = Weight / Height 2) Yes to item 6 of the personal history Oral Diet - Acceptance / Restrictions:		BMI:			Care)						
Oral Diet - Acceptance / Restrictions:		(BMI = Weight / Height 2)			· ·						
	Oral Diet - Acceptance / Re										



DRUG RECONCILIATION Mark an X for medication brought from h	iome									
* Name / Route / Dose	Time	*	Name / Ro	ute / Dose				Time		
			Activ	ate Pharmac	ist for valid	ation of non-s	tandardized	medicatio	n	
SOCIAL, ECONOMIC AND SPIRITUAL ASPECT										
Lives alone Lives w/ family/other Home Ca	re Others:									
	nal - Who?							necessary		
Economic status: Independent Dependent - On wh	10?							ial worke tion and g		
Occupation:	Religion belief	f:								
Hindrances to degree of communication: Understands the Portu	iguese language?	Ye	s N	o - Note:			Δ.	dapt form:	s of	
Level of education: Sight/Hearing De		ogical De		Others:				mmunicat		
I HEREBY CONFIRM THE DATA ABOVE										
Name:	Identificati	ion / Gua	ardian:							
Signature:	ID:				Date:	/ /		Time:	:	
II - PHYSICAL EXAMINATION / VITAL SIGNS.										
	om RR:			02.		I dessire				
Filform Full			mr / min	0 ² :		I / min	Temp:		°C	
Base BP: mmHg Rhythmic Arrhythr	mic Sat0 ² :		%	Device:						
PAIN: No Yes - Score: Locat	ion:	Туре:					See Medical Care PAIN			
PAIN Scale used:							Manage	Management Protocol		
LEVEL OF CONSCIOUSNESS / EMOTIONAL ASPECT										
Neurological: Alert Oriented Disoriented	Non-verbal	Into	oxicated	Sleepy	Agitat	ed				
Glasgow Coma Scale: Not applicable Other alteration	ons:									
Emotional: Calm Tense Agitated A	pathetic Eup	horic	Tearful	Нор	eless	Other altera	tion:			
HEAD AND NECK										
Alopecia No	Yes									
Visual Acuity Normal	Altered - Spe	ecify:								
Nose No alterations	Altered - Spe	ecify:								
Mouth No alterations	Altered - Spe	ecify:								
Prosthodontics No	Yes - Which?	>								
Hearing Acuity: Normal Altered Right Ear	Left Ear					He	earing Aids:	No	Yes	
Other alterations:										
THORAX										
			RS:	Rhonchi	Rales	. Whee	zing - Locatio	on:		
	sed - Location:									
			113.							
Vesicular murmur: Present Absent Decreas Cough: No Yes Dry Productive - Sec		nt:	/ /							
Vesicular murmur: Present Absent Decreas Cough: No Yes Dry Productive - Sec	retion aspect:	nt:		plant:	/ /					



ABDOMEN CONTRACTOR OF THE CONT	
Flat Distended Flaccid Pendulous Excavated Bowel sound: Absent Present Increased Decr	reased
Catheters / drains: No Yes - Location: Date of Implant: / /	
Other alterations:	
GENITOURINARY / INTESTINAL	
Urinary: No alterations Incontinence Dysuria Polyuria Hematuria Anuria Nocturia Pollakiuria	
Indwelling Urinary Catheterization / Cystostomy / Urostomy - Date of Implant: / / Other alterations:	
Intestinal: No alterations Incontinence Diarrhea Constipation Melena Enterorrhagia illeostomy / Colostomy	
Date of Implant: / / Other alterations:	
Menstruation: No alterations Menopause Not applicable Altered - Specify:	
UPPER AND LOWER LIMBS / LOCOMOTION	
Bedridden Strolling - With support No Yes - Specify:	
Movement: Normal Ataxic Asthenia Limping Immobilization - Specify:	
Paresis: Paresthesia: Plegia:	
Amputation - Location: Prosthesis / Orthosis - Location:	
Peripheral perfusion: Present Absent Increased Decreased - Specify:	
Edema - Specify:	
Other alterations:	
SKIN ASPECT	
Mucocutaneous Integrity: Integrity Injury - Specify:	
Color: Rosy Discolored Jaundiced Cyanotic Others:	
ADDITIONAL INFORMATION	
Has been given the Rights and Responsibilities Handbook? No Yes	
Has brought in exams? No Yes - Which:	
Other information:	
NEED FOR MULTIPROFESSIONAL EDUCATION - Specify	
Person involved in education process: Patient Accompanying adult or family member	
Pre-surgical:	
Post-surgical:	
Self care / daily life habit:	
Post-discharge:	
Food Habits / Diet Therapy	
Specialized tretment:	
Others:	

Signature - Stamp: Date: / / Time: :