



OAKLAND

OUTPATIENT SCRIPT

PT OT SLP Cancer Rehabilitation

Place patient demographic label here

ENCOUNTER # :

Patient Name: _____ DOB: _____

Diagnosis: _____

Cancer Diagnosis/Location: _____

Surgical Procedure: _____ Lymph Node(s) Removed: No Yes: How many _____

Speech Language Pathology (Evaluate, Develop Plan of Care and Implement Care)

- Difficulty Swallowing
- Trismus
- Memory Loss/Cognitive Decline
- Difficulty with Speech Production
- Loss of Language (Word Finding, Comprehension)

Physical & Occupational Therapy- (Evaluate, Develop Plan of Care and Implement Treatment)

- Cancer Related Pain: (Location) _____
- Breast Pain (Mastodynia): Right or Left
- Loss of ROM (Circle Area): Arm / Leg / Neck / Other: _____
- Shoulder Adhesive Capsulitis (Circle): Right or Left
- Scar of Skin/Hypertrophic/Keloid
- Lymphedema / Swelling (Circle Area): Arm / Leg / Breast / Trunk / Abdomen / Face, Head, Neck / Genital
- Cancer Related Fatigue
- Chemo Induced Peripheral Neuropathy or Unspecified Peripheral Neuropathy
- Abnormal Balance
- Difficulty with ADLs
- Weakness / Debility
- Difficulty Walking/ Abnormalities of Gait
- Pelvic pain (Women Only- Clarkston)
- Incontinence (Women Only- Clarkston)

Comments/Precautions/Equipment: _____

Frequency/Duration

2x/week for 4 weeks 3x/week for 4 weeks 5x/week for 4 weeks Other: _____

Physician Signature: _____ Date and Time: _____

Physician Name Printed: _____ Date: _____

Pontiac Clinic
 (PT / OT / SLP)
 P: (248)338-5344
 F: (248) 338-5302

Clarkston Clinic
 (PT Only)
 P: (248)922-6820
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