

Nursing Screening and Evaluation

Soins infirmiers – dépistage et évaluation



Patient

File/Dossier #

Date

Referred by/Référé par

Risk factors flagged from IOF questionnaire flag / Facteurs de risque du questionnaire de l'IOF:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
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Diagnosis/Diagnostique	
Date	<input type="checkbox"/> 1 st /1er cancer?
Receptor status/Statut du récepteur	<input type="checkbox"/> ER positive <input type="checkbox"/> PR positive <input type="checkbox"/> HER2 positive
Affected Breast/Sein affecté	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both
Lymphedema status (self-report)	<input type="checkbox"/> Pre-op <input type="checkbox"/> No lymph node dissection <input type="checkbox"/> None <input type="checkbox"/> Aware of risks <input type="checkbox"/> Followed by CLT <input type="checkbox"/> Has preventive sleeve <input type="checkbox"/> To Refer
Range of motion status (self-report)	<input type="checkbox"/> N/A (pre-op) <input type="checkbox"/> Denies difficulty <input type="checkbox"/> Followed by PT <input type="checkbox"/> Possibly compromised <input type="checkbox"/> Resolved

Treatment/Traitement	Completed	In progress	Planned
Surgery:			
Radiation:			
Chemotherapy:			
Hormone therapy (letrozole (Femara), anastrozole (Arimidex), exemestane (Aromasin), goserelin (Zoladex), tamoxifen) :			
Biological therapy (for example, trastuzumab (Herceptin)):			
Other / Uncertain:			

Past medical history	
Social history	Language: Work status: Family and support system:
Physical Assessment	Weight: Height: BMI: Copied from chart dated: Rib to pelvis distance (risk if <2 fingerbreadths or 3.6cm): Occiput to wall distance (risk if >5cm):

Clinical Risk Factors	
Family history <input type="checkbox"/> Flag	<input type="checkbox"/> None <input type="checkbox"/> Osteoporosis → <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Hip fractures → <input type="checkbox"/> Mother's age at fracture <input type="checkbox"/> Father's age at fracture
Prior fragility fracture <input type="checkbox"/> Flag	<input type="checkbox"/> None Consider fractures in adulthood. Age at fracture: _____ Circumstance: _____ Non-fragility fractures?
Falls history <input type="checkbox"/> Flag	How many times have you fallen to the ground in the past 12 months? <input type="checkbox"/> 0 <input type="checkbox"/> 1 - 3 times <input type="checkbox"/> 4 - 6 times <input type="checkbox"/> more than 6 times
Balance & gait <input type="checkbox"/> Flag	<input type="checkbox"/> None <input type="checkbox"/> Fear of falling <input type="checkbox"/> Balance problems <input type="checkbox"/> Walking difficulties <input type="checkbox"/> Dizziness or Lightheadedness
Physical Parameters <input type="checkbox"/> Flag	<input type="checkbox"/> Within normal limits <input type="checkbox"/> >10% weight loss since age 25 <input type="checkbox"/> height loss >2cm prospective or >6cm historic: _____ <input type="checkbox"/> self-report <input type="checkbox"/> documented <input type="checkbox"/> BMI <19 <input type="checkbox"/> Rib to pelvis distance <2 fingerbreadths or 3.6cm <input type="checkbox"/> Occiput to wall distance >5cm)
Glucocorticoid use <input type="checkbox"/> Flag	<input type="checkbox"/> None Drug: prednisone, dexamethasone (decadron), cortisol. Dose: _____ <input type="checkbox"/> Prolonged use ≥3 months @ ≥5mg prednisone daily equivalent)
Secondary Osteoporosis <input type="checkbox"/> Flag <input type="checkbox"/> Condition: <input type="checkbox"/> Medication:	<input type="checkbox"/> None <input type="checkbox"/> Inflammatory arthritis (example: rheumatoid arthritis , psoriatic, ankylosing spondylitis) <input type="checkbox"/> Malabsorption disorder (example: ulcerative colitis, Crohn's disease, Celiac disease) <input type="checkbox"/> Kidney disease (example: kidney stones) <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung disease (example: emphysema, asthma, COPD, chronic bronchitis) <input type="checkbox"/> Organ transplant (example: kidney, liver, heart, lung, pancreas, bone marrow) <input type="checkbox"/> Thyroid disease (example: overactive thyroid, underactive thyroid) <input type="checkbox"/> Parathyroid disease (example: overactive parathyroid) <input type="checkbox"/> Seizure disorder (example: epilepsy) <input type="checkbox"/> Stomach problems (example: ulcer, hiatus hernia, acid reflux) <input type="checkbox"/> Lupus <input type="checkbox"/> Osteogenesis Imperfecta <input type="checkbox"/> Paget's disease <input type="checkbox"/> Eating disorder (example: anorexia, bulimia) <input type="checkbox"/> Heart problems (example: heart attack, heart failure, abnormal heartbeat, arrhythmia) <input type="checkbox"/> Other medical condition(s) (example: diabetes, hypertension)
Menopausal status <input type="checkbox"/> Flag	At diagnosis: <input type="checkbox"/> Pre <input type="checkbox"/> Peri <input type="checkbox"/> Post Last menstrual period: <input type="checkbox"/> Natural menopause → Age at menopause: _____ <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Hormone therapy <input type="checkbox"/> Oophorectomy → Ovaries removed: 0 1 2
Lifestyle Risk Factors	
Alcohol consumption <input type="checkbox"/> >1 drinks/day on average	How often do you have a drink containing alcohol? <input type="checkbox"/> Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> 2-4 times a month <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> 4+ times a week

	<p>How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p><input type="checkbox"/> 1 - 2 drinks <input type="checkbox"/> 3 – 4 drinks <input type="checkbox"/> 5 – 6 drinks <input type="checkbox"/> 7 - 9 drinks <input type="checkbox"/> 10+ drinks</p> <p>How often do you have 4 or more drinks on one occasion?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily</p>																											
<p>Cigarette smoking status</p> <p><input type="checkbox"/> Flag</p>	<p><input type="checkbox"/> Never smoked <input type="checkbox"/> Smokes currently <input type="checkbox"/> Smoked in the past _____ packs/cigarettes/day</p> <p><input type="checkbox"/> Smoked cigarettes in the last six months Quitting motivation score:</p> <p>Quitting motivation factors:</p>																											
<p>Physical activity profile</p> <p><input type="checkbox"/> <150 minutes weekly moderate exercise</p>	<p>Do you describe yourself as a physically active individual?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, before my cancer diagnosis or treatment</p> <p><input type="checkbox"/> Yes, more recently</p> <p><input type="checkbox"/> Yes, when I was younger</p> <p><input type="checkbox"/> Yes, all my life</p> <p>What exercises do you enjoy? How often? For how long? <input type="checkbox"/> individual <input type="checkbox"/> group</p> <p>_____</p> <p>_____</p> <p>_____</p>																											
<p>Dietary Calcium Intake</p> <p><input type="checkbox"/> <3 calcium rich servings/day</p>	<p><input type="checkbox"/> Lactose intolerant or milk allergy <input type="checkbox"/> Special Diet</p> <p>How many servings of these foods do you eat on average each day?</p> <table border="1" data-bbox="337 978 1421 1430"> <thead> <tr> <th data-bbox="337 978 738 1052">Calcium-rich food</th> <th data-bbox="738 978 1193 1052">Serving size for approximately 300 mg Calcium</th> <th data-bbox="1193 978 1421 1052">Daily servings consumed</th> </tr> </thead> <tbody> <tr> <td data-bbox="337 1052 738 1094">Milk – cow, goat</td> <td data-bbox="738 1052 1193 1094">250 ml = 1 cup</td> <td data-bbox="1193 1052 1421 1094"></td> </tr> <tr> <td data-bbox="337 1094 738 1167">Fortified beverage – soy, rice, almond, orange juice</td> <td data-bbox="738 1094 1193 1167">250 ml = 1 cup</td> <td data-bbox="1193 1094 1421 1167"></td> </tr> <tr> <td data-bbox="337 1167 738 1209">Yogurt</td> <td data-bbox="738 1167 1193 1209">175 ml = ¾ cup, or 2 snack sizes</td> <td data-bbox="1193 1167 1421 1209"></td> </tr> <tr> <td data-bbox="337 1209 738 1272">Firm cheese</td> <td data-bbox="738 1209 1193 1272">30 g = 1 oz, or 3 cm cube, 2 slices (or a deck of cards)</td> <td data-bbox="1193 1209 1421 1272"></td> </tr> <tr> <td data-bbox="337 1272 738 1314">Salmon, canned with bones</td> <td data-bbox="738 1272 1193 1314">½ can, 107 g</td> <td data-bbox="1193 1272 1421 1314"></td> </tr> <tr> <td data-bbox="337 1314 738 1356">Sardines, canned with bones</td> <td data-bbox="738 1314 1193 1356">7 medium, 84 g</td> <td data-bbox="1193 1314 1421 1356"></td> </tr> <tr> <td data-bbox="337 1356 738 1398">Boost or Ensure</td> <td data-bbox="738 1356 1193 1398">1 bottle</td> <td data-bbox="1193 1356 1421 1398"></td> </tr> <tr> <td colspan="2" data-bbox="337 1398 738 1430" style="text-align: center;">TOTAL DAILY SERVINGS</td> <td data-bbox="1193 1398 1421 1430"></td> </tr> </tbody> </table>	Calcium-rich food	Serving size for approximately 300 mg Calcium	Daily servings consumed	Milk – cow, goat	250 ml = 1 cup		Fortified beverage – soy, rice, almond, orange juice	250 ml = 1 cup		Yogurt	175 ml = ¾ cup, or 2 snack sizes		Firm cheese	30 g = 1 oz, or 3 cm cube, 2 slices (or a deck of cards)		Salmon, canned with bones	½ can, 107 g		Sardines, canned with bones	7 medium, 84 g		Boost or Ensure	1 bottle		TOTAL DAILY SERVINGS		
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<p>Supplement use (include name, dose, frequency, Rx/OTC)</p> <p><input type="checkbox"/> Flag</p>	<p><input type="checkbox"/> Calcium</p> <p><input type="checkbox"/> Vitamin D</p> <p><input type="checkbox"/> Multivitamin</p> <p><input type="checkbox"/> Antacid: TUMS, Rolaids, Gaviscon</p> <p><input type="checkbox"/> Other</p>																											
<p>Bone mineral density results</p> <p><input type="checkbox"/> No previous scan</p> <p><input type="checkbox"/> Patient unsure</p>	<p><input type="checkbox"/> Previous scan date and place: _____ <input type="checkbox"/> This was a follow-up scan</p> <table border="1" data-bbox="337 1724 1528 1881"> <thead> <tr> <th data-bbox="337 1724 938 1766"></th> <th data-bbox="938 1724 1239 1766">gm/cm.sq</th> <th data-bbox="1239 1724 1528 1766">T-score / Z-score</th> </tr> </thead> <tbody> <tr> <td data-bbox="337 1766 938 1797">BMD lumbar spine <input type="checkbox"/> L1-L4 <input type="checkbox"/> L2-4</td> <td data-bbox="938 1766 1239 1797"></td> <td data-bbox="1239 1766 1528 1797"></td> </tr> <tr> <td data-bbox="337 1797 938 1839">BMD left femoral neck:</td> <td data-bbox="938 1797 1239 1839"></td> <td data-bbox="1239 1797 1528 1839"></td> </tr> <tr> <td data-bbox="337 1839 938 1881">BMD Left <input type="checkbox"/> Total Proximal Femur <input type="checkbox"/> Total Hip):</td> <td data-bbox="938 1839 1239 1881"></td> <td data-bbox="1239 1839 1528 1881"></td> </tr> </tbody> </table> <p>Report BMD: <input type="checkbox"/> Normal <input type="checkbox"/> Osteopenia <input type="checkbox"/> Osteoporosis</p> <p>Report Fracture risk: <input type="checkbox"/> CAROC <input type="checkbox"/> FRAX : <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>		gm/cm.sq	T-score / Z-score	BMD lumbar spine <input type="checkbox"/> L1-L4 <input type="checkbox"/> L2-4			BMD left femoral neck:			BMD Left <input type="checkbox"/> Total Proximal Femur <input type="checkbox"/> Total Hip):																	
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Bone Modifying Agents	<input type="checkbox"/> Bisphosphonate <input type="checkbox"/> RANK-L <input type="checkbox"/> Other
Information Seeking Behaviour <i>(Loiselle et Lambert)</i>	Which of the following statements best describes how you go about getting information about your cancer (check 1 statement): <input type="checkbox"/> I seek as much cancer information as possible on my own <input type="checkbox"/> I seek additional cancer information to better understand what is happening to me and to take care of myself <input type="checkbox"/> I seek cancer information from others diagnosed with cancer to compare with my own situation <input type="checkbox"/> I do not seek much cancer information on my own <input type="checkbox"/> Cancer is stressful enough; I do not actively seek cancer information
Patient goal	What would you most like to learn about your bone health? <input type="checkbox"/> General information <input type="checkbox"/> Learning about my risk <input type="checkbox"/> Bone-healthy nutrition <input type="checkbox"/> Bone-healthy exercise <input type="checkbox"/> Fall prevention <input type="checkbox"/> Other:

Your current age: _____ years Your highest level of education: _____

Your occupation: _____

How many people live in your home?: _____ What kind of building do you live in?: _____

Your marital status: _____ Your postal code: _____

Your preferred language of communication: English French Other: _____

Your telephone number: _____

Analysis	<input type="checkbox"/> Clinical risk factors <input type="checkbox"/> Lifestyle risk factors
Plan	

Interventions given		Other administration notes
<input type="checkbox"/> Risk factor screening + assessment <input type="checkbox"/> General Information Sheets <input type="checkbox"/> Bone-healthy exercise sheets <input type="checkbox"/> Bone-healthy nutrition sheets <input type="checkbox"/> Fall prevention sheets	<input type="checkbox"/> Lifestyle Support: _____ <input type="checkbox"/> Medical/Clinical support <input type="checkbox"/> Community resource info <input type="checkbox"/> Hope&Cope activities info	<input type="checkbox"/> Assessment by RN <input type="checkbox"/> Referral needed: _____ <input type="checkbox"/> Transcribed to electronic record

Notes:

Evaluation	
Follow-up	<input type="checkbox"/> Exercise <input type="checkbox"/> Calcium <input type="checkbox"/> Vitamin D <input type="checkbox"/> BMD <input type="checkbox"/> Understanding <input type="checkbox"/> Other:

