

# IVIT Patient Assessment Checklist

Assessment Step	
<b>History</b>	
<input type="checkbox"/>	History of Current Complaint
<input type="checkbox"/>	Standardized Functional Assessments
<input type="checkbox"/>	Other Medical History
<input type="checkbox"/>	Allergies
<input type="checkbox"/>	Medications/Other Conventional Therapies
<input type="checkbox"/>	Family History
<b>Physical Examination</b>	
<input type="checkbox"/>	Thorax (Cardiorespiratory)
<input type="checkbox"/>	Peripheral Circulation
<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	Other (condition specific)
<b>Laboratory Assessment</b>	
<input type="checkbox"/>	Hematology (CBC with differential)
<input type="checkbox"/>	Renal Chem (Urea, Creat, Na, K, Cl, Ca, Mg)
<input type="checkbox"/>	Liver Chem (AST/ALT, ALK, Albumin, Bil)
<input type="checkbox"/>	G6PD
<input type="checkbox"/>	Other (condition specific)
<b>Consent/Patient Information</b>	
<input type="checkbox"/>	Treatment Specific Consent Documented/Form Signed
<input type="checkbox"/>	Patient Education Delivered
<input type="checkbox"/>	Follow Up Reminder Set
<b>Functional Assessment</b>	
<input type="checkbox"/>	Oncology: ECOG, KPI, ESAS, EORTC, FLIC, FACT - Cog
<input type="checkbox"/>	CMS/FMS: Fatigue Scale, FIQ
<input type="checkbox"/>	Depression/Anxiety: HAM D, HAM A
<input type="checkbox"/>	Cardiovascular: METS activity