Risk for Oral Cancer Study (ROCS)

Oral Cancer Screening Examination Form

Visit Date: ___/___/___

Section 1 – Examination

1. Was light or mirror used during examination?
   ☐ Yes
   ☐ No

2. Was palpation performed during examination?
   ☐ Yes
   ☐ No

3. Was a fiberoptic examination performed as part of this oral cancer screening?
   ☐ Yes
   ☐ No

END OF SECTION 1

Section 2 – Characterization

1. Please characterize the tonsils:
   1a. Tonsils were:
       ☐ Present  (Answer Q1b-d)
       ☐ Absent  (Skip to Q2)
   1b. Tonsils were:
       ☐ Symmetric
       ☐ Asymmetric
       i) If asymmetric, which tonsil was larger? ☐ Right  ☐ Left
   1c. On palpation, tonsils were:
       ☐ Soft
       ☐ Hard
       i) If hard, indicate laterality: ☐ Left  ☐ Right  ☐ Bilaterally
   1d. Characterize the size of the tonsils:
       ☐ 1+ – tonsils within pillars
       ☐ 2+ – tonsils extend beyond pillars
       ☐ 3+ – tonsils approaching midline
☐ 4+ – tonsils at midline/ kissing tonsils

2. Please characterize the base of tongue:
   2a. Base of tongue was:
       ☐ Symmetric
       ☐ Asymmetric
       i) If asymmetric, which side was larger? ☐ Right ☐ Left
   2b. On palpation, base of tongue was:
       ☐ Soft
       ☐ Hard
       i) If hard, indicate laterality: ☐ Left ☐ Right ☐ Bilaterally
   2c. Lingual tonsils were:
       ☐ Present
       ☐ Absent
   2d. Base of tongue hyperplasia was:
       ☐ Present
       ☐ Absent

END OF SECTION 2

Section 3 – Impression

1. What was the overall impression of this oral cancer screening examination?
   ☐ Examination was normal. There was no evidence of lesion.  (STOP, Skip to end of form)
   ☐ Abnormality on exam.  (Complete Q1a-c)

1a. If you checked the “abnormality on exam” box, choose all site(s), subsite(s), and laterality that apply:
   ☐ Oral cavity
       i) Indicate laterality: ☐ Right ☐ Left ☐ Overlapping
   ☐ Oropharynx
       i) Indicate laterality: ☐ Right ☐ Left ☐ Overlapping
   ☐ Larynx
       i) Indicate laterality: ☐ Right ☐ Left ☐ Overlapping
   ☐ Hypopharynx
       i) Indicate laterality: ☐ Right ☐ Left ☐ Overlapping
   ☐ Neck  (For each level, indicate size of lesion in largest dimension)
       i) Right: ☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☐ Level V
       Dimension: _______ _______ _______ _______ _______
ii) Left:  ☐ Level I  ☐ Level II  ☐ Level III  ☐ Level IV  ☐ Level V

Dimension:  _____  _____  _____  _____  _____  _____

1b. Classify the abnormality (choose one):

☐ Lymphoid hyperplasia
☐ Ulcer
☐ Leukoplakia
☐ Erythroplakia
☐ Lichen planus
☐ Mass
☐ Other (please describe): ________________________________

1c. Treatment you are recommending for this patient subsequent to today’s oral cancer screening examination (whether in your office or a practice to which you refer):

☐ Schedule clinical follow up with biopsy
☐ Schedule clinical follow up without biopsy
☐ No follow up necessary
☐ Other (please describe): ________________________________

END OF SECTION 3

______________________________          Date: ____/____/____ 2/0/17
Practitioner Signature  mm dd yy yy