

**PVSEC -- Oncology  
Chemotherapy Patient Check-In Sheet**

---

---

Client: Estimate

Patient:

Example

Date: 24 February, 2009

---

---

Are there any concerns?

---

---

How has your pet been feeling?

**Vomiting:** 0 none 0 current symptom

If yes, Frequency of vomiting: 0 once daily 0 2-5 times daily 0 5-more times daily

How many days after chemotherapy administration did the vomiting begin? \_\_\_\_\_

The duration of days that vomiting has been noted? \_\_\_\_\_

Has any medications/treatment been administered for the vomiting? 0 yes 0 no

If yes, what medication/treatment? \_\_\_\_\_

**Diarrhea:** 0 none 0 current symptom

If yes, Does Diarrhea contain: 0 Blood 0 Clear Mucous 0 Straining 0 Black Stool

Frequency of diarrhea: 0 once daily 0 2-5 times daily 0 5-more times daily

The duration of days that diarrhea has been noted? \_\_\_\_\_

Has any medications/treatment been administered for the diarrhea? 0 yes 0 no

If yes, what medication/treatment? \_\_\_\_\_

**Appetite:** 0 normal 0 decreased 0 increased

**Water Consumption:** 0 normal 0 decreased 0 increased

**Urination:** 0 normal 0 decreased 0 increased

**Activity Level:** 0 normal 0 decreased 0 increased

Please list all current medications and supplements: \_\_\_\_\_

Do you need any refills on these medications? \_\_\_\_\_

---

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_