

Patient Label:

Date: _____

Lungs: CTA and P, no W R R
COR: RRR no MGR, nl S1 and S2. Distal pulses: 1+ 2+ 3+
Abdomen: NABS NT ND no HSM: No telangiectasias, Striae, lesions, no masses
GU: Not performed
Rectal: Not performed
Breast: NE or: Development: _____, Mass: _____, Discharge: _____

Labs

FSH:	LH:	TSH: Free T4:	Testost: T: F:
IGF-1: Growth Hormone:	Prolactin:	Cortisol: F: P cortrosyn: P 1mg dex:	Lipids: Total Trigl: HDL: LDL:
Alpha subunit:	24hr free cortisol:	Other:	MRI:

Assessment

Pituitary Tumor: Y/N
Pituitary insufficiency: Y/N
Hormonal Excess: Y/N
Other:

Counseling/Coordination of Care Time: _____ Total time with pt.: _____

Physiology: Physiology of the hypothalamic pituitary axis, concepts of tonic inhibition and negative feedback loops.

Pathophysiology: Benign vs. malignant tumor growth, effect of tumor on surrounding structures, importance of visual field symptoms, effects of pituitary hormone excess/deficiency.

Risk for Tumor progression:
Fertility:

Plan: Medical Decision Making

Treatment Options:

Surgery:

Medications: Dostinex:
Octreotide
Pegvisomant
Permax or Bromocriptine:

Irradiation:

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Follow-up plan:

MRI	Prolactin	IGF-1	TSH/ FT4	a-sub	LH/FSH	Cort stim	24U F			

OGTT	Colonoscopy									

Recommended Consults with:

Notes/Comments/Pressing Concerns:

Flowsheet reviewed and updated Labs to be reviewed by phone
Labs reviewed and pt. Notified

Return Visits:

Physician: _____

RD : _____ Other : _____

Signature: _____ **MD:** _____

CC: _____