

Risk for Oral Cancer Study (ROCS)

Oral Cancer Screening Examination Form

Visit Date: |__|_|_|/|__|_|_|/|_2_|_0_|_1_|_|_|

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: _____



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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

Practitioner Signature

Date: |__| |__| / |__| |__| / | **2** | **0** | **1** | __|
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PLEASE REVIEW THIS FORM FOR COMPLETION AND ACCURACY. THANK YOU.

Questions? Contact your RC at the phone or email provided on the front of the binder.