Alberta Health Services

Last Name *(Legal)*	First Name *(Legal)*	
Preferred Name ☐ Last ☐ First	DOB*(dd-Mon-yyyy)*	
PHN	ULI ☐ Same as PHN	MRN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X)		

Edmonton Symptom Assessment Scale Revised (ESAS-r) Graph

Date	
Pain	10 … 0
Tiredness	10 … 0
Drowsiness	10 … 0
Nausea	10 … 0
Lack of Appetite	10 … 0
Shortness of Breath	10 … 0
Depression	10 … 0
Anxiety	10 … 0
Well being	10 … 0
Other	10 … 0
Cognitive Assessment (Normal _____)	
PPS	
Completed by	

P = Patient
F = Family Caregiver
H = HCP Caregiver
C = caregiver-assisted

Level of Education

Cage Score