



CRStar Insights

Treatment Summary & Custom Forms

Treatment Summary/Custom is located under Abstract Management and Print Forms. The treatment summary should be utilized by entering an individual patient and choosing site and sequence or selecting a population of cases.

In addition to the Treatment Summary provided, the user can create custom forms that can be printed from this tab. This will be addressed later in the instructions.

Print Tx Summary

Patient Name:

Site:

Sequence:

Hospital:

Med Rec Nbr:

Population Label:

Send Form To
 Screen
 Excel

Form:

1. Select an individual patient name and choose the site and sequence. The system will autofill the hospital and medical record number.
2. Choose the type of form to print using the drop-down arrow.
3. When the screen option is chosen, other form templates the user may have created are visible from the dropdown.

Form:	
Custom Form Test	
Dropdown Test 3	
Custom Form Test	01
Fax cover Sheet	01
fghjghj	01
First Contact Date Test	01
NEW PLACEHOLD TEST	01
Original Treatment Summary	01
PAT SATISFACTION	01
Physician QA Form	01
scp	01
Testing Placeholders	01
Text Only	01

4. Or create a population of cases, under the Enhanced Reporting tab. Choose a Sort order. The default is alphabetic, but other choices are available.

- a. Print one form per patient will only print one form even if the patient has multiple primaries. In doing so, the program first looks at the sort order option. Then selects the first patient that is listed on the report.

An example custom form per patient is a patient satisfaction survey or a patient registration form for a screening, clinical trial or special study.

- b. Print one form per primary will print a form for each primary that exists for that patient within the population selected.

When the option to print one form per primary is chosen. The example below illustrates the display of the two primaries, separated by a line. There is also the option at the bottom of the form to display the form (Tx summary) or a list of the patients (primaries).

Custom Form Treatment Summary

Immuno Date
Immuno Text: None, Not Part of First Course of Rx
Other Date
Other Text
Path Text: PROSTATE BX POS FOR ADENOCARCINOMA INVOLVING THE RT APEX AND
Scan Text
Lab Text: PSA 7.2
Clinical Trials

Date: April 02, 2015 Prepared By:

Patient Identification		Care Team	
Med Rec Nbr	123456	Surgeon	
Patient Name	EDWARD PROSTATE GLAND	Med Oncologist	
Date of Birth	04/06/1929	Rad Oncologist	
Age at Dx	83	Managing Phys	
Race	White	Following Phys	
Gender	Male		
Height			
Weight			
Address	29908 PROSTATE BLVSD		
City/State/Zip	WINSTON SALEM, NC 27103		
Phone Nbr	9999999999		
Email			
Tumor Characteristics		AJCC Staging	
Diagnosis Date	02/28/2013	Clinical Stage	T:2 N:0 M:0 Grp:2
Primary Site	Bladder, NOS	Pathologic Stage	T:3B N:0 M: Grp:3

Print Exit Forms List

Custom Form Treatment Summary

Treatment Summary Created For: PROSTATE CASE RX SUMMARY April 02, 2015

Med Rec Nbr	Acc Nbr	Last Name	First Name	Site Seq	Dob	Last Cont
123456	0320060278	PROSTATE GLAND	EDWARD	61 01	04/06/1929	05/13/2013
123456	01201300414	PROSTATE GLAND	EDWARD	67 02	04/06/1929	05/13/2013

Print Exit Forms List

5. Choose to send the Form to the screen or Excel. Note: If Excel is chosen the form will default to the treatment summary. This is because the treatment summary is the only form that ERS is providing, and it is hard coded in Excel. If the screen

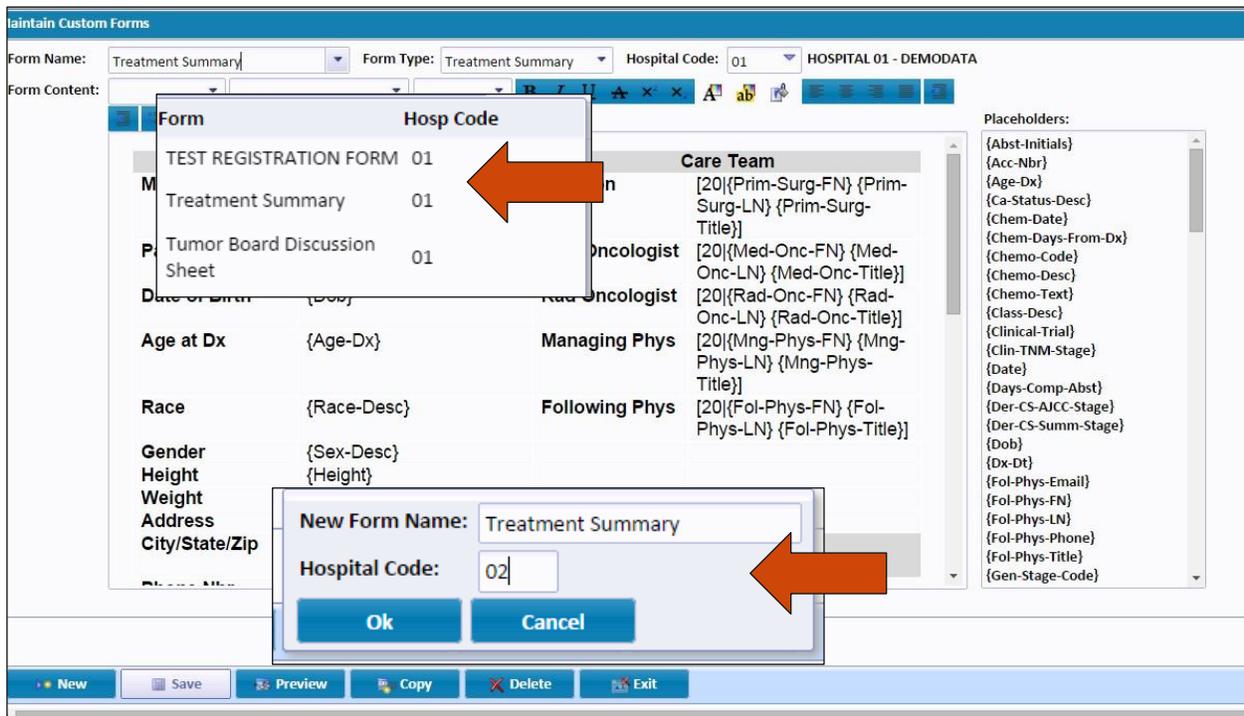
option is chosen and the user has created custom forms, those forms will be available in the drop down. See next page for illustration.

6. Click Run. Excel will open automatically.
7. Once in Excel, the form may be modified and saved then printed. Below is a print screen of how the treatment summary looks when printed.

Patient Identification		Care Team	
Med Rec Nbr	422095289	Surgeon	WILLIAM PARK III M.D.
Patient Name	WILLIAM OTHER ILL	Med Oncologist	
Date of Birth	08/06/1912	Rad Oncologist	
Age at Dx	74	Managing Phys	
Race	White	Following Phys	
Gender	Male		
Height			
Weight			
Address	125 GUNTHER RD		
City/State/Zip			
Phone Nbr	999999999	Accession #/Seq	01198700307/00
Email		Class of Case	DX & RX Elsewhere
Tumor Characteristics		AJCC Staging	
Dx Date	11/15/1986	Clinical Stage	T:cX N:cX M:cX
Primary Site	Abdomen, NOS	Pathologic Stage	Grp:99
Histology			T:pX N:pX M:pX Grp:
Grade		Date Last Cont	
Laterality		Vital Status	
Nodes Examined		Cancer Status	
Nodes Positive		Recur Date	
Tumor Size (mm)		Recur Type	
		Treatment Summary	
Surgery Date			
Surgery Text			
Radiation Date	Start Date:		
	Stop Date:		
Radiation Text			
Chemo Date			
Chemo Text			
Hormone Date			
Hormone Text			
Immuno Date			
Immuno Text			
Other Rx Date			
Other Text			
Path Text	PATHOLOGY		
Xray Scan Text	XRAY TEXT		
Lab Text	LAB TEXT		
Clinical Trials			
Date: August, 12 2024		Prepared By:	

The Treatment Summary template can be found under Systems Management, then Custom Forms. Click on the arrow to display the drop-down menu.

Note: There will be one Treatment Summary labeled Hospital 01. In a multi hospital system this template can be used for all facilities. The only time the user would need one per facility would be if different facilities wanted to modify the template to meet their own needs. The template can be copied from one facility to another and then modified as shown below.



1. Click on the form name and select the form to copy. In this example, Treatment Summary Hosp Code 01.
2. Choose the copy feature.
3. Enter a new form name and the hospital code to copy to.
4. Click OK.

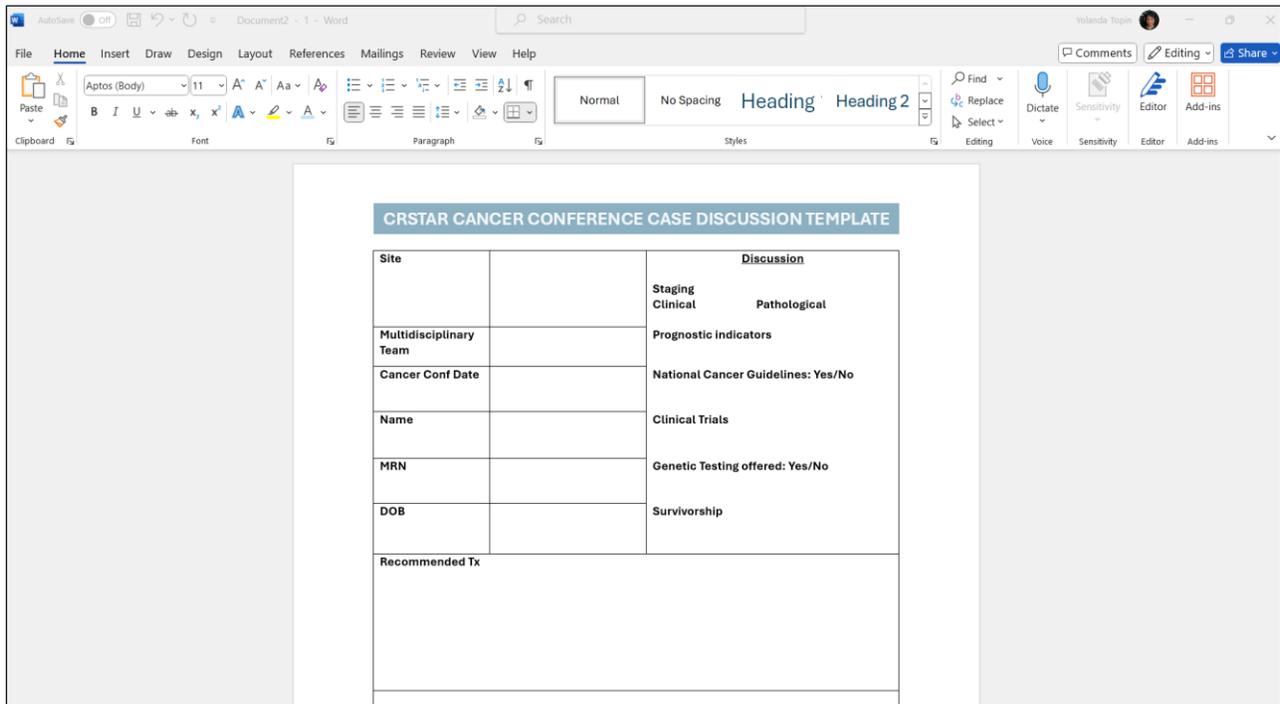


Important: Follow-up letters and Forms share the same table. If a follow-up letter already exists, for example named Treatment Summary, the form must be given a different name and vice versa. If not given a different name, the form will not copy.

Custom forms may be created by the user. Forms may be created in Word in a table format and copied into the form template.

Note: When creating a table in Word to copy, it is suggested to make all updates to the table prior to copying into the form template in CRStar. Below is an example of creating a table in Word and copying it into the form template. This example is a CRStar Cancer Conference Case Discussion form.

After the form template has been created in Word



1. Copy the form in Word.
2. Go to Systems Management, then Custom Forms.
3. Enter a form name and the appropriate hospital code.
4. Paste into the body of the form template in CRStar.
5. Customize as needed, changing fonts, size, colors, etc.
6. Place holders are provided for fields that exist in the abstract to auto fill into the form. The user can drag and drop a placeholder to a certain location or copy and paste.
7. Use Preview to see how the form will look when printed.
8. Click Save.

See the next page for example.

The form template after it has been copied from Word

CRStar Version 24.0 01 - ERS Hospital Systems

Hospitals Registrars Physicians Phys Roster Initialize Acc Follow-up Order Follow-up/QA Letters **Custom Forms** Zip Codes

Form Name: CRStar Ca Conf Discussion Form Type: Custom Form Hospital Code: 01 ERS Hospital Systems

Form Content:

Rich text editor toolbar: B I U abc x₂ x² A [font color] [font size] [bullet] [numbered] [list style] [text color] [background color] [link] [unlink] [code]

Paragraph Courier New 2 (10pt)

CRSTAR CANCER CONFERENCE CASE DISCUSSION TEMPLATE

Site	{Topo-Desc}	<u>Discussion</u> Clinical {Clin-TNM-Stage} Path{Path-TNM-Stage}
Multidisciplinary Team	{Prim-Surg-LN} {Rad-Onc-LN} {Med-Onc-FN}	Prognostic indicators
Cancer Conf Date	{Date}	National Cancer Guidelines: Yes/No

Placeholders:

- {Rad-End-Dt}
- {Rad-Nbr-Phases}
- {Rad-Onc-Email}
- {Rad-Onc-FN}
- {Rad-Onc-LN}
- {Rad-Onc-Phone}
- {Rad-Onc-Title}
- {Rad-Start-Dt}
- {Rad-Text}
- {Rad-Total-Dose}
- {Recur-Dt}
- {Recur-Type-Desc}
- {Sentinel-LN-Bx-Date}
- {Sentinel-LN-Examined}
- {Sentinel-LN-Positive}
- {Seq}
- {Sex-Desc}
- {Site-Specific-Data-Items}
- {Surg-Code}
- {Surg-Days-From-Dx}

LETTER - Custom Form Ca Conf Discussion

New Save Preview Copy Delete

The form preview screen shows an example of the custom form

Form Preview

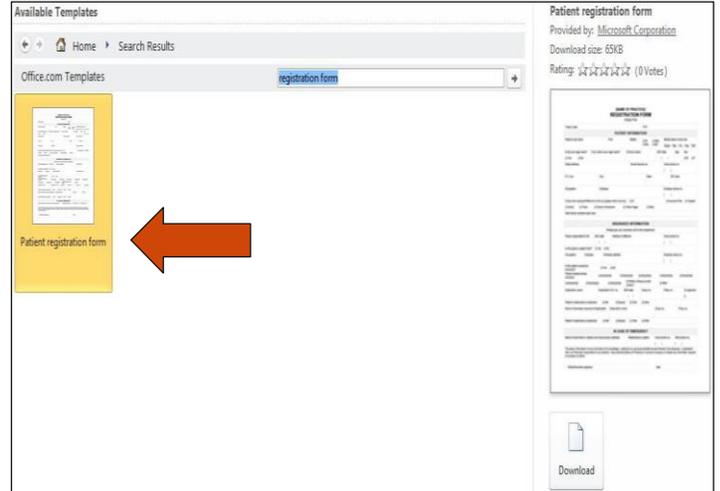
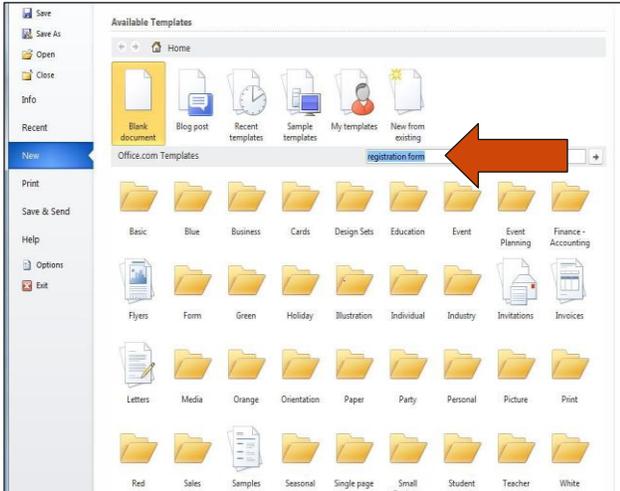
CRSTAR CANCER CONFERENCE CASE DISCUSSION TEMPLATE

Site	Unknown Primary Site	<u>Discussion</u> Clinical T:0 N:0 M:0 Grp:0 PathoT:0 N:0 M:0 Grp:0
Multidisciplinary Team	Smith Smith John	Prognostic indicators
Cancer Conf Date	August, 13 2024	National Cancer Guidelines: Yes/No
Name	Doe,Doe	Yes
MRN	123456789	Genetic Testing offered: Yes/No
DOB	01/01/2001	Survivorship
Recommended Tx		

Print Exit

Helpful Hint

There are many templates available in Microsoft Word. The user can use these forms as a basic template and customize and save to meet individual needs. These template folders can be searched for various types of templates. See below.



REGISTRATION FORM					
(Please Print)					
Today's date:		PCP:			
PATIENT INFORMATION					
Patient's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Marital status (circle one) Single / Mar / Div / Sep / Wid					
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your legal name? (Former name):		Birth date: / /	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Social Security no.:		Home phone no.:	
P.O. box:		City:	State:	ZIP Code:	
Occupation:		Employer:		Employer phone no.:	
Chose clinic because/Referred to clinic by (please check one box): <input type="checkbox"/> Dr. <input type="checkbox"/> Insurance Plan <input type="checkbox"/> Hospital <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Close to home/work <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other					
Other family members seen here:					
INSURANCE INFORMATION					
(Please give your insurance card to the receptionist.)					
Person responsible for bill:		Birth date: / /	Address (if different):		Home phone no.:
Is this person a patient here? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Occupation:		Employer:	Employer address:		Employer phone no.:
Is this patient covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please indicate primary insurance <input type="checkbox"/> [Insurance] <input type="checkbox"/> Welfare (Please provide coupon) <input type="checkbox"/> Other					
Subscriber's name:		Subscriber's S.S. no.:	Birth date: / /	Group no.:	Policy no.:
Patient's relationship to subscriber:		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			
Name of secondary insurance (if applicable):		Subscriber's name:		Group no.:	Policy no.:
Patient's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other					
IN CASE OF EMERGENCY					
Name of local friend or relative (not living at same address):		Relationship to patient:	Home phone no.:	Work phone no.:	
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize [Name of Practice] or insurance company to release any information required to process my claims.					
Patient/Guardian signature				Date	

Example of Registration Form Template that could be customized in Word and saved to use as a Custom Form in CRStar.

Support Available at www.mycrstar.com