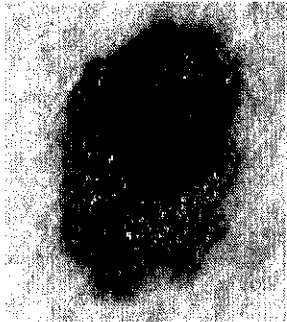


Anne Fenelus
12/8/13
Period: 7th

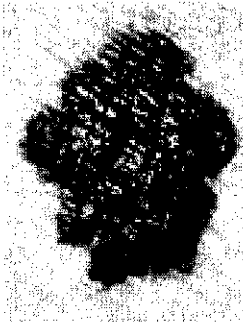
Skin Cancer

Melanoma

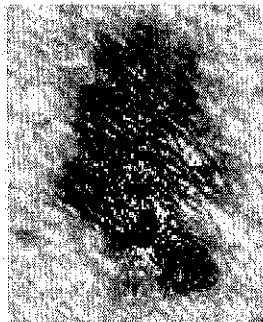
Asymmetry



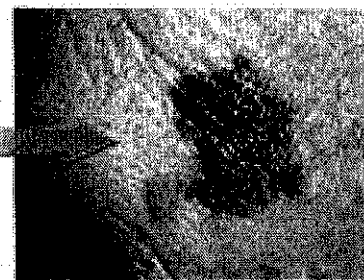
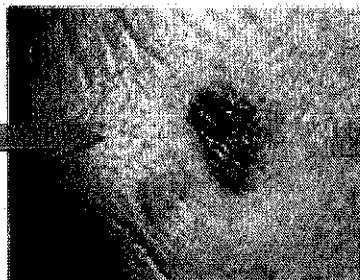
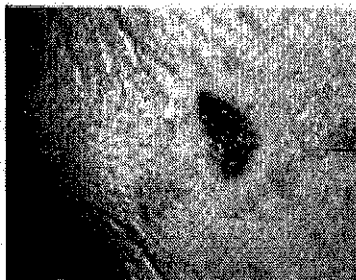
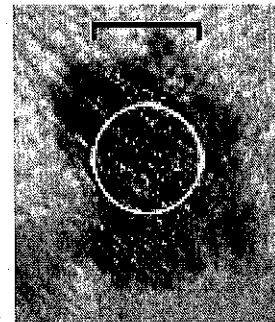
Border irregularity



Color

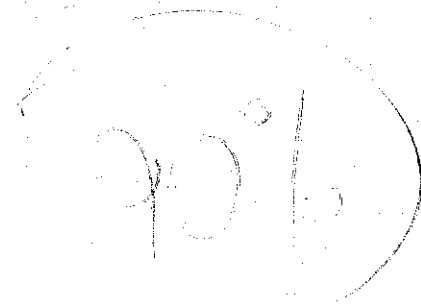


¼ inch diameter



Evolution

Wow!



Name: Victoria Dela-torre.

Address: 567 SKittles Street, Los Angeles, California, 11233.

Phone number: (805)-649-1234.

Emergency Contact: (805)-274-9070.

Date of Birth: January 12, 1950.

Sex: Female.

Age: 63.

Height: 5'4.

Weight: 110 lbs.

Allergies: Peanut.

Family History: Her Grandmother died of Breast Cancer, and Her Grandfather died of Skin cancer.

Medical History: Type 1 diabetes.

Medications taken:

Symptoms: Irritating Skin, Red spot comes up, and different sizes of moles keeps appearing from time to time.

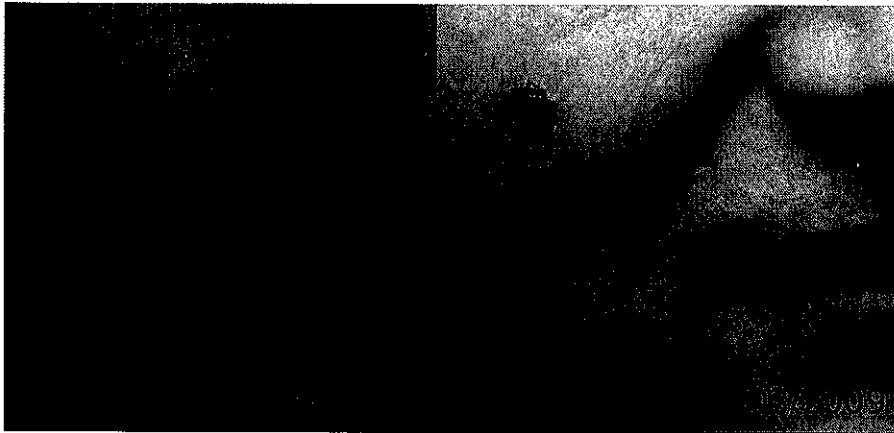
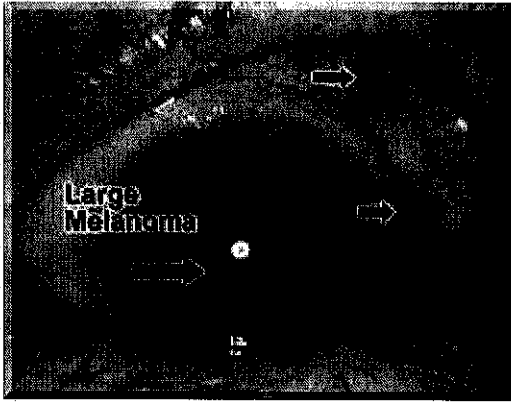
Causes/ Risk factor: Most likely the sun.

Diagnosis: Melanoma

Treatment: Immunotherapy, and simple excision surgery.

Prevention: Daily moisturizer, and sun protection.

Prognosis: I will affect the body systems.

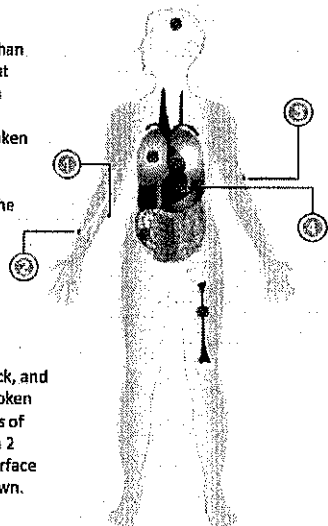


Stage 1:

The tumor is no more than 1 millimeter thick (about the width of the tip of a sharpened pencil). The surface may appear broken down. Or, the tumor is between 1 and 2 millimeters thick, and the surface is not broken down.

Stage 2:

The tumor is between 1 and 2 millimeters thick, and the surface appears broken down. Or, the thickness of the tumor is more than 2 millimeters, and the surface may appear broken down.

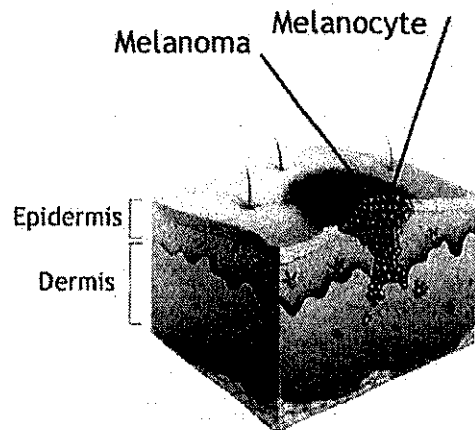


Stage 3:

The melanoma cells have spread to at least one nearby lymph node. Or, the melanoma cells have spread from the original tumor to tissues nearby.

Stage 4:

Cancer cells have spread to the lung or other organs, skin areas, or lymph nodes far away from the original growth. Melanoma commonly spreads to other parts of the skin, tissue under the skin, lymph nodes, and lungs. It can also spread to the liver, brain, bones, and other organs.



I am diagnosing my patient with melanoma because of several changes in her exciting moles, and also because of the development of new pigmented and unusual looking growth on her skin.

Ms. Dela-torre grandparents died of skin cancer and breast cancer, She have had type 1 diabetes since she was about 17 years old till this day on. As in right now she's taking some skin cream that her previous doctor prescribed to her. She is allergic to every type of peanuts. During the interview she mentioned, "She is afraid that her upcoming generation will have the same issue, because its been going on for five generations".

The main causes are due to the past generations, where 40% of them did not make it alive. she spends lots of time outside without using any sun protection, such as sunscreen, hats and such. If she continues to go outside without any skin protection, there is a risk that the disease will spread more into the body. Some symptoms are: Irritating skin, different types and sizes of mole and red spot when the she itches her skin.

In order for the disease to be treated faster, she will need to do immunotherapy, where her patient immune system will help to fight the disease, she will need to moisturize her body daily and uses sun protection when going out, and a simple excision will need to be done. She needs to also spend less time in the sun.

If the disease is not treated soon, then it will go on to affect other parts of the body such as: The brain, the bones, the lymph nodes, the lung, the liver, the abdomen, the little intestine and many more.

In conclusion, Ms. Victoria Dela-torre has melanoma, and is needed to have a simple excision in order for the cancer to be treated faster. Moisturising her skin daily and have an immunotherapy, will also help to cure the cancer faster.

Doctor Signature: Dc.Francois

Handwritten signature: Francois Dela-torre

Anatomy & Physiology Patient Profile Project Rubric

THINK FORWARD

	4	3	2	1	0
FOLLOW DIRECTIONS of Pg. 1	Followed all directions: <input checked="" type="checkbox"/> Cover page with your name, date, and period. <input checked="" type="checkbox"/> picture of the patient with disease <input checked="" type="checkbox"/> title of disease	Missing one item <input type="checkbox"/> Cover page with your name, date, and period. <input type="checkbox"/> picture of the patient with disease <input type="checkbox"/> title of disease	Missing two items <input type="checkbox"/> Cover page with your name, date, and period. <input type="checkbox"/> picture of the patient with disease <input type="checkbox"/> title of disease	Missing 3 items: <input type="checkbox"/> Cover page with your name, date, and period. <input type="checkbox"/> picture of the patient with disease <input type="checkbox"/> title of disease	Missing more than 3 items <input type="checkbox"/> Cover page with your name, date, and period. <input type="checkbox"/> picture of the patient with disease <input type="checkbox"/> title of disease
FOLLOW DIRECTIONS of Page 2	Followed all directions: Patient chart containing: <input checked="" type="checkbox"/> Name of Patient <input checked="" type="checkbox"/> Contact information (Address & Phone number) <input checked="" type="checkbox"/> Emergency contact <input checked="" type="checkbox"/> Date of Birth of Patient <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Height <input checked="" type="checkbox"/> Weight <input checked="" type="checkbox"/> Allergies <input checked="" type="checkbox"/> Family History <input checked="" type="checkbox"/> Medical History (past diseases you have had) <input checked="" type="checkbox"/> Medication you take <input checked="" type="checkbox"/> Symptoms <input checked="" type="checkbox"/> Causes/Risk Factors <input checked="" type="checkbox"/> Diagnosis <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Prognosis	Missing 3 items for patient chart: <input type="checkbox"/> Name of Patient <input type="checkbox"/> Contact information (Address & Phone number) <input type="checkbox"/> Emergency contact <input type="checkbox"/> Date of Birth of Patient <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Allergies <input type="checkbox"/> Family History <input type="checkbox"/> Medical History (past diseases you have had) <input type="checkbox"/> Medication you take <input type="checkbox"/> Symptoms <input type="checkbox"/> Causes/Risk Factors <input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Prevention <input type="checkbox"/> Prognosis	Missing 6 items for patient chart: <input type="checkbox"/> Name of Patient <input type="checkbox"/> Contact information (Address & Phone number) <input type="checkbox"/> Emergency contact <input type="checkbox"/> Date of Birth of Patient <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Allergies <input type="checkbox"/> Family History <input type="checkbox"/> Medical History (past diseases you have had) <input type="checkbox"/> Medication you take <input type="checkbox"/> Symptoms <input type="checkbox"/> Causes/Risk Factors <input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Prevention <input type="checkbox"/> Prognosis	Missing 9 items for patient chart: <input type="checkbox"/> Name of Patient <input type="checkbox"/> Contact information (Address & Phone number) <input type="checkbox"/> Emergency contact <input type="checkbox"/> Date of Birth of Patient <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Allergies <input type="checkbox"/> Family History <input type="checkbox"/> Medical History (past diseases you have had) <input type="checkbox"/> Medication you take <input type="checkbox"/> Symptoms <input type="checkbox"/> Causes/Risk Factors <input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Prevention <input type="checkbox"/> Prognosis	Missing more than 9 items for patient chart: <input type="checkbox"/> Name of Patient <input type="checkbox"/> Contact information (Address & Phone number) <input type="checkbox"/> Emergency contact <input type="checkbox"/> Date of Birth of Patient <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Allergies <input type="checkbox"/> Family History <input type="checkbox"/> Medical History (past diseases you have had) <input type="checkbox"/> Medication you take <input type="checkbox"/> Symptoms <input type="checkbox"/> Causes/Risk Factors <input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Prevention <input type="checkbox"/> Prognosis
FOLLOW DIRECTION S of Page 3	<input checked="" type="checkbox"/> Contains at least 3 pictures of disease clearly labeled	<input type="checkbox"/> Contains 3 pictures but not clearly labeled	<input type="checkbox"/> Contains 2 pictures that are labeled	<input type="checkbox"/> Contains 1 picture that is labeled or 2 unlabeled pictures	<input type="checkbox"/> Contains 1 picture unlabeled or no pictures

88 + 92 = 90%

My Score: 28 / 32

2

88

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">FOLLOW DIRECTION OF Page 4</p>	<input checked="" type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input checked="" type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input checked="" type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature	<p>Missing 1 of paragraphs or one paragraph does not contain sufficient detail:</p> <input type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature	<p>Missing 2 of paragraphs or two paragraphs does not contain sufficient detail:</p> <input type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature	<p>Missing 3 of paragraphs or three paragraphs does not contain sufficient detail:</p> <input type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature	<p>Missing more than 3 paragraphs or more than three paragraphs does not contain sufficient detail:</p> <input type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">ACCURACY OF CONTENT</p>	<input checked="" type="checkbox"/> Contains all correct information on topic chosen.	<input type="checkbox"/> Contains one wrong piece of information	<input type="checkbox"/> Contains two wrong pieces of information	<input type="checkbox"/> Contains 3 pieces of wrong information
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">GRAMMAR</p>	<input type="checkbox"/> No major spelling or Grammatical errors.	<input checked="" type="checkbox"/> Very few mistakes. It is clear that it was revised and edited. <input type="checkbox"/> Overall meaning and intent are clear.	<input type="checkbox"/> Several mistakes, little or no evidence of revision, sometimes meaning is unclear because of errors.	<input type="checkbox"/> Many mistakes may be difficult to read or understand.	<input type="checkbox"/> Illegible
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">NEATNESS & PRESENTATION</p>	<input type="checkbox"/> Project is very neat and organized	<input checked="" type="checkbox"/> Project is overall neat and organized.	<input type="checkbox"/> Project is not very neat and unorganized.	<input type="checkbox"/> Project looks like it was not done with care-very un-neat, and unorganized.	<input type="checkbox"/> Illegible
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">ON TIME</p>	<input checked="" type="checkbox"/> Handed in on time	<input checked="" type="checkbox"/> Handed in 1 day late	<input type="checkbox"/> Handed in 2 days late	<input type="checkbox"/> Handed in 3 days late	<input type="checkbox"/> Handed in more than 3 days late

