Grampians Integrated Cancer Service (GICS)

(Enter tumor stream) ..... Multidisciplinary Meeting

Patient Request Sheet for .../..../10 (Enter MDM date)

(Please complete all sections of this form)

Patient Details_(or BRADMA label)

Firstname:_____

Surname:_____

Date of Birth: _____/_____/_____

Gender: ☐ Male ☐ Female

Town:_____Postcode: _____

Hospital: (to facilitate access to record for MDM)

☐ BHS UR: _____

☐ SJOG

☐ Other (specify): .....

Type of Patient:

☐ Public
☐ Private
☐ DVA

Requesting Clinician:

_____

Medicare Number:

Consent:

☐ Written consent signed
☐ Verbal consent given
☐ Consent to be obtained prior to MDM

(Please note, evidence of consent needs to be documented in the patient record)

Patient Status: ☐ New ☐ Review (previously discussed)

Discussion Focus: .....

☐ Treatment options
☐ Radiology **(specify details in table below)**
☐ Pathology **(specify details in table below)**
☐ Other (specify) : .....

Diagnosis:

Cancer Type: _____

Location(s): _____

Family History: ☐ Yes ☐ No _____

_____

☐ Symptomatic
☐ Asymptomatic
☐ Screening process
☐ Other: .....

Menopause status (If relevant):

☐ Pre ☐ Peri ☐ Post

Surgery Type(s): **Surgery Date(s):**

_____ _____/_____/_____

_____ _____/_____/_____

Radiology: ☐ Yes ☐ No

Type of Imaging	Service Provider	Date	Reference Number
☐ CT ☐ MRI ☐ PET ☐ U/S ☐ Other			
☐ CT ☐ MRI ☐ PET ☐ U/S ☐ Other			
☐ CT ☐ MRI ☐ PET ☐ U/S ☐ Other			

Pathology: ☐ Yes ☐ No

Service Provider	Date	Lab Number & Access Number
☐ Dorevitch ☐ SJOG ☐ Other		
☐ Dorevitch ☐ SJOG ☐ Other		
☐ Dorevitch ☐ SJOG ☐ Other		

Other clinicians involved in this patient's care:

Medical Oncologist: _____ GP: _____

Radiation Oncologist: _____ Surgeon: _____

Social Worker: _____ Other: _____

This form is to be faxed to (03) 5320-4076 by 5 pm 7 days prior to the meeting