



Meetings facilitated by GRAMPIANS INTEGRATED CANCER SERVICES (GICS)
PATIENT REQUEST FOR MULTIDISCIPLINARY MEETING
 Tumour Stream – Breast/ Thoracic/ H&N/ Gastro-Intestinal/ Neuro-Oncology
 Venue –Ballarat Health Services /St. John of God Health Care
 Date – Version 7

A) **Demographics:** (or Sticker) If using sticker make sure clinician’s name included

Last Name: _____		Postcode: _____	
First Name: _____			
Date of Birth: _____			
Hospital/ UR Number (if known): _____	BHS <input type="checkbox"/>	SJOGHC <input type="checkbox"/>	
Requesting Clinician: _____	Patient is: Public <input type="checkbox"/>		Private <input type="checkbox"/>
Patient’s General Practitioner: _____	Clinic: _____		

B) **Issues** (e.g. reason for presentation) _____
 New Represent Review

C) **Presentation:** (1) Symptomatic (2) Asymptomatic (3) Screen (opportunistic or formal) **Menopause: pre/ post/ peri**

D) **Brief Clinical History:** _____

E) **Diagnosis**
 1. Surgery Date and procedure _____

2. Pathology: Service Provider: _____	Laboratory Number: _____
For N/O only: Service Provider: _____	Laboratory Number: _____
Report: Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Radiology: Service Provider: _____	Modality and Date: _____
Note: If Service Outside Ballarat Provide Details	
Service Provider: _____	Modality and Date: _____
Service Provider: _____	Modality and Date: _____

F) **Oncologist:** _____

Other Clinician Name: _____

Other Clinician Title: _____

G) **Other information:** _____

Consent: Patients should be informed and give consent for their case to be discussed and information shared with multidisciplinary team.

Documentation of recommendations in Medical Records : This is the responsibility of the clinician who requests listing of the patient at the meeting.

***** Fax to 5320 4076 by close of business at least 5-7 working days prior to meeting Late cases will not be accepted *****