

Monash Health Referral Form

MEDICAL ONCOLOGY

Cancer or suspected cancer with no obvious primary site

REFERRAL

Mandatory content for first referral for patients with suspected cancer (eg based on CT scan) or proven metastatic cancer, where primary site is not known

Full name
Date of birth
Next of kin
Postal address (not PO Box)
Contact number
Mobile number
Email address
Medicare number
Referring GP details including **provider number**
Usual GP (if different)
Details of all medical specialists
Interpreter requirements
Confirm patient is aware of proven or likely cancer diagnosis

PLEASE NOTE DIAGNOSTIC TISSUE BIOPSY IS NOT REQUIRED PRIOR TO REFERRAL

include all correspondence and test results relating to cancer OR SUSPECTED CANCER including **original imaging, histopathology reports, summaries of any previous cancers**

Specific reason for referral: Workup for suspected cancer (not yet proven on biopsy)
 Proven cancer but site of origin not known
 Other (please specify): _____

T__N__M__ Stage: I / II / III / IV (if known) Date of diagnosis/suspected diagnosis: _____

Histology: attach actual report or tick if Monash Health

Molecular testing: attach actual report or tick if Monash Health

Site of disease : Liver / lung / bone / brain / peritoneal /other _____

Main current symptoms/problems:

Urgent: Hypercalcemia /SVC Obstruction / Spinal cord compression/uncontrolled symptom _____

Details of any past cancers :

Date:

Location:

Date/place of scheduled cancer follow up:

Clinician:

Comorbidities: Nil Present, list _____

Medication: attach date stamped list

Allergies: Nil Present, list _____

Relevant family history: Nil Present, list _____

Social history: Smoker Y/N Dust/asbestos exposure Y/N

Other relevant details: