

SACT (Systemic Anti Cancer Therapy) PATIENT REFERRAL FORM

Please ensure **all fields** are complete before faxing to GenesisCare. GenesisCare offers chemotherapy at Maidstone (fax) 01732 841 333, Milton Keynes (fax) 01908 238 415 and Oxford (fax) 01865 770 016.

Or email the completed form to: referrals@genesiscare.co.uk

Insurance company		Policy number	
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Patient details (or use patient ID label)

Last name		First name (s)	
Title		DOB	
Home phone		Mobile phone	
Address & postcode			
Next of kin (relationship)		Name	
Address			
Mobile number		Alternative number	

GP details

Name		Phone	
Address & postcode		Fax	

Consultant details

Name		Phone	
Fax		Ext/bleep	
E-mail		Secretary/PA	
2 nd consultant			

Treatment plan

Diagnosis (including dates)		Stage / Grade	
Treatment Regimen		Planned No of Cycles	
Height (cm)		Weight (kg)	
Clinical Reviews: (Consultant with CPUK CNS)	Every cycle <input type="checkbox"/> Alternate cycles <input type="checkbox"/>		
Allergies			
Blood Tests Pre Cycle 1	FBC <input type="checkbox"/> U&E <input type="checkbox"/> LFT <input type="checkbox"/> Tumour Markers <input type="checkbox"/> Please specify _____		
Date for chemotherapy to start			
Blood Tests per cycle	FBC <input type="checkbox"/> U&E <input type="checkbox"/> LFT <input type="checkbox"/> Tumour Markers <input type="checkbox"/> Please specify _____		
Other tests (state)	ECG <input type="checkbox"/> MUGA <input type="checkbox"/> 24hr urine <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> X-ray <input type="checkbox"/> Please specify dates: _____ Other <input type="checkbox"/> Please specify _____		
Venous Access	Peripheral <input type="checkbox"/> PICC <input type="checkbox"/> Port <input type="checkbox"/> Groshong <input type="checkbox"/> Date inserted / to be inserted (state location) _____ Does the CVC need to be inserted at CPUK centre Yes <input type="checkbox"/> No <input type="checkbox"/>		
Current Medication			
Past Medical history (including dates of chemo, surgery etc.)			
Additional information			

Signature		Print name		Date	
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