

Referral for Proton vs Photon Comparative Planning

PATIENT DETAILS			
Full Name:		DOB	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Medicare #
Patient Address:			
Referral to :			
<input type="checkbox"/> Dr Peter Gorayski		<input type="checkbox"/> Dr Hien Le	
<input type="checkbox"/> Dr Michael Penniment		<input type="checkbox"/> Dr Hui Tee	
Tumour disease History			
Date diagnosed:		Lesion type:	
		(Please submit reports to referral where possible)	
Presenting Symptoms:			
Past Medical History:			
Previous Treatment:			
Information from diagnostic imaging			
(Please submit images & reports where possible)			
Plan Details			
Target Volumes			
Clinical Trial Information(if app):		Organs at Risk Dosimetric Goals	
Referral details			
Referring Doctor:		Contact ph:	
Signature:		Referring hospital:	
Date of referral:		Provider #	
Please include copies of all relevant histology reports and medical imaging			
Please send DICOM simulation & structure files via Sharefile			

**Treatment decisions are the responsibility of the primary clinician responsible for the patient. The RAH comparative planning team provides advice to the referring clinician. This referral implies the patient or patient guardian has consented to the planning process, as well as the storing of de-identified information in a database that may be used for research and publication purposes. **