

South African Oncology Consortium: Oncology Application Form

File Number:

SAOC Reference:

1: Patient Details

Surname: First name: Initials: ID Number: First Diagnosed:
Gender: Telephone: Cell Phone: Dependant Code: Birth:
Postal Address:
Fax: Email:

2: Medical Aid Details

Principal Member: Membership Number: Medical Aid: Benefit Option:
Principal ID Nr:

3: Practitioner Detail (Practice)

Name: Practice Number: HPCSA Number:
Contact Person: Telephone Number: Fax Number:
Email Address: Group Practice:
 Emergency Urgent

4: Patient History

Diagnosis and Criteria for PMB Condition

ICD Code: Primary Site:
Histology: First Diagnosis Date:

PMB Code: Condition:

- Metastatic Spread to Adjacent Organ Irreversible/ Irreparable damage to organ of origin or other vital organ
 Evidence of Distant, Metastatic Spread Well demonstrated 5 year survival rate of greater than 10%

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Second Diagnosis and Criteria for PMB Condition

ICD Code: Primary Site:

Histology: Second Diagnosis Date:

PMB Code: Condition:

- | | |
|---|---|
| <input type="checkbox"/> Metastatic Spread to Adjacent Organ | <input type="checkbox"/> Irreversible/ Irreparable damage to organ of origin or other vital organ |
| <input type="checkbox"/> Evidence of Distant, Metastatic Spread | <input type="checkbox"/> Demonstrated 5 year survival rate for this cancer is greater than 5% |

5: Other Clinical Information

Grade:

ECOG Scale: AJCC:

Disease Stage

T: N: M: Stage Other:

Metastases: Bone Date: Brain Date: Liver Date: Lung Date:

Other: Date:

Receptors:

Co-Morbid:

Treatment Review:

Treatment History

Date	Description	Drugs	Outcome	Comments

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6: Treatment Intent and Review

Plan Effective Date:

Treatment Intent:

SAOC Level:

Clinical Trial:

Hormone Manipulation

Radiotherapy

Chemotherapy treatment:

Other:

Hospital Practice No:

Hospital Name:

Hospital Motivation:

Additional Comments:

Treatment Interval:

Treatment Review:

Treatment Review:

Practitioner Signature: _____

Date: _____

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7: Radiotherapy Treatment - (RAD)

Professional Practice Nr: <input style="width: 80px; height: 20px;" type="text"/>	Name: <input style="width: 90%; height: 20px;" type="text"/>	Professional Fees: <input style="width: 80%; height: 20px;" type="text"/>
Technical Practice Nr: <input style="width: 80px; height: 20px;" type="text"/>	Name: <input style="width: 90%; height: 20px;" type="text"/>	Technical Fees: <input style="width: 80%; height: 20px;" type="text"/>
Starting Date: <input style="width: 80px; height: 20px;" type="text"/>	End Date: <input style="width: 80%; height: 20px;" type="text"/>	Supporting Items: <input style="width: 80%; height: 20px;" type="text"/>
Duration in Weeks: <input style="width: 80px; height: 20px;" type="text"/>	Total Radiotherapy: <input style="width: 80%; height: 20px;" type="text"/>	
Additional Therapy: <input style="width: 90%; height: 20px;" type="text"/>		
Area of Interest: <input style="width: 90%; height: 20px;" type="text"/>		Dose: <input style="width: 80%; height: 20px;" type="text"/>
Prostate Volume: <input style="width: 80px; height: 20px;" type="text"/>	Gleason Grade: <input style="width: 40px; height: 20px;" type="text"/>	PSA: <input style="width: 40px; height: 20px;" type="text"/>
IPSS: <input style="width: 40px; height: 20px;" type="text"/>	Prostate Stage: <input style="width: 80px; height: 20px;" type="text"/>	Hospital: <input style="width: 80px; height: 20px;" type="text"/>

Radiotherapy Comments:

Radiotherapy Planning Code

Product Name	Code	Commencement	Week(s)	Unit Price	Professional	Technical	Total

Radiotherapy Planning Code Sub Total:

Radiation Code

Product Name	Code	Commencement	Week(s)	Unit Price	Professional	Technical	Total

Radiation Code Sub Total:

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Isotope

Product Name	Code	Commencement	Week(s)	Unit Price	Professional	Technical	Total

Isotope Sub Total:

Brachy Code

Product Name	Code	Commencement	Week(s)	Unit Price	Professional	Technical	Total

Brachy Code Sub Total:

Supporting Items and Materials

Product Name	Code	Commencement	Week(s)	Unit Price			Total

Supporting Items and Materials Sub Total:

8: Chemotherapy Treatment - (CHEM)

Chemo Professional Pr Nr: <input style="width: 100%; height: 25px;" type="text"/>	Name: <input style="width: 100%; height: 25px;" type="text"/>	Height: <input style="width: 40%; height: 25px;" type="text"/>
Chemo Provider / Facility Pr Nr: <input style="width: 100%; height: 25px;" type="text"/>	Name: <input style="width: 100%; height: 25px;" type="text"/>	Weight: <input style="width: 40%; height: 25px;" type="text"/>
Chemo Druggist Pr Nr: <input style="width: 100%; height: 25px;" type="text"/>	Name: <input style="width: 100%; height: 25px;" type="text"/>	Body Surface: <input style="width: 40%; height: 25px;" type="text"/>
Starting Date: <input style="width: 100%; height: 25px;" type="text"/>	End Date: <input style="width: 40%; height: 25px;" type="text"/>	

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Chemotherapy Comments:

Chemotherapy: Part 1

StartDate
 Cycles
 Cycle Cost
 Total Cost
 Port Insertion
 Hospital:

End Date:

Chemotherapy Service Fees

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	Unit Price	QTY	Total

Chemotherapy Service Fees Sub Total :

Chemotherapy Drugs

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	Unit Price	QTY	Total

Chemotherapy Drugs Sub Total :

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Supporting Drugs, Materials and Fluids

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	Unit Price	QTY	Total

Supporting Drugs, Materials and Fluids Sub Total :

Chemotherapy: Part 2

Start Date: Cycles: Cycle Cost: Total Cost: Port Insertion: Hospital:

End Date:

Chemotherapy Service Fees

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	Unit Price	QTY	Total

Chemotherapy Service Fees Sub Total :

Chemotherapy Drugs

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	Unit Price	QTY	Total

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File Number :

SAOC Reference :

Chemotherapy Drugs Sub Total :

Supporting Drugs, Materials and Fluids

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	Unit Price	QTY	Total

Supporting Drugs, Materials and Fluids Sub Total :