

3. About the referring doctor

Name and surname

BHF practice number

Speciality

Telephone Fax

Preferred method of communication

E-mail

Practice address
 Code

4. About the treating doctor

Same as above

Name and surname

BHF practice number

Speciality

Telephone Fax

Preferred method of communication

E-mail

Practice address
 Code

5. Clinical summary for patients with ADVANCED CANCER ONLY (treating doctor to complete)

Date of assessment ICD-10 code:

Date of cancer diagnosis

Main cancer diagnosis

Current Stage TNM
TX T0 T1 T2 T3 T4 NX N0 N1 N2 N3 MX M0 M1

Describe other

Metastasis Yes No Unknown

Site of Metastasis Bone Brain Liver Lung Other (please specify)

Previous chemotherapy, radiotherapy and surgical interventions

Other relevant clinical information

Treatment intent Palliative Curative

Disease directed treatment ongoing Yes No

If "Yes", provide the type of treatment eg radiotherapy, chemotherapy. Details:

5. Clinical summary for patients with ADVANCED CANCER ONLY (treating doctor to complete) (continued)

If **palliative chemotherapy** planned, provide details of **exact intent** of treatment, eg tumour response, improvement in function, symptom control (please specify). Details:

Treatment start date

Y	Y	Y	Y	M	M	D	D
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Planned duration of treatment

If **"No"**, provide the date and details of the last treatment.

Date

Y	Y	Y	Y	M	M	D	D
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Details

6. Clinical summary for patients with NON-ONCOLOGY CONDITIONS ONLY (treating doctor to complete)

Date of assessment

Y	Y	Y	Y	M	M	D	D
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Main Diagnosis

Date of diagnosis

Y	Y	Y	Y	M	M	D	D
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ICD-10 code

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Number of unplanned admissions in the past 6 months

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Have you and your patient discussed why you are applying for this benefit now?

Yes No

Treatment to date

Other relevant clinical information including any functional classification scoring system related to the condition eg NYHA and pathology results

Treatment intent Palliative Curative

7. Performance status (treating doctor to complete)

Current Performance status*	Performance status 6 months ago*
ECOG Performance Status ¹	ECOG Performance Status ¹
Karnofsky Performance Scale ²	Karnofsky Performance Scale ²

*Refer to page 4 for more information

