



Illawarra Shoalhaven Colorectal Cancer MDT Referral Form

Patient

Surname:		First name:	
MRN:		DOB:	General Practitioner:

<input type="checkbox"/> For Discussion	<input type="checkbox"/> Re-Discussion	<input type="checkbox"/> For tissue banking
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Referrer

Surgeon		Medical Oncologist		Radiation Oncologist		Patient seen in:	
Andrawis	Sitharthan	Chantrill	Chen		Outpatient clinic		
Cosman	Still	Aghmesheh	de Leon		Inpatients		
Hehir	Swartz	Brungs	Fox		Private rooms		
Iorgulescu	Verschuer	Clingan	Fylyk				
Jaber	Winn	Glasgow	Gandhidssan				
Jones		Mapagu	Ho				
Malouf		Tafreshi	Kang				
Putnis		Other	Miller		ICCC		
			Nasser		SCCC		

Date of referral to surgeon / specialist:	
Date of first consultation with referring specialist:	
ECOG score at first presentation:	

Triage category

For priority discussion		For discussion		Not for discussion	
1A	New rectal cancer prior to treatment	2A	New colon cancer stage II (complex), III, IV or neuroendocrine tumour	3A	Stage I colon cancer
	New anal cancer prior to treatment		New patient without diagnosis		Uncomplicated stage II colon cancer
	New complex stage IV colorectal cancer	2B	New issue for patient previously treated	3B	Rectal cancer database
Re-discussion complex stage IV colorectal cancer	New issue for patient currently on treatment				

Presentation

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Imaging / Diagnostic procedures

Imaging Provider	Imaging/Diagnostic Procedure	Date

Surgical Procedures

Surgical /other procedure		Date	
Surgical /other procedure		Date	

Pathology provider

SEALS (TWH)		Southern IML		Other	
Date:	Episode #:	Date:	Episode #:	Date:	Episode #:

Clinical question for consideration by the MDT

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