

Infusaport booking referral Fax: 8213 1811

<p>Surgeon: <u>Dr Beverley Fosh</u></p> <p>Oncologist:</p> <p>GP:</p>	<p><i>Patient Information</i></p> <p>Surname:</p> <p>Given name:</p> <p>DOB: Gender: F M</p> <p>Phone number:</p>																					
<p><i>Reason for Infusaport</i></p> <p>Please specify <i>eg breast cancer</i>:</p> <p>When is chemotherapy due to commence?</p> <p>Gripper needle required Yes No</p>																						
<p><i>Patient Health Assessment</i></p> <p>Is there a possibility the patient is pregnant Yes No</p>																						
<p><i>Medical Condition Check</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Diabetes</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Cardiac stents</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Severe Heart Disease</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Pacemaker</td> <td>Yes</td> <td>No</td> </tr> </table>	Diabetes	Yes	No	Cardiac stents	Yes	No	Severe Heart Disease	Yes	No	Pacemaker	Yes	No	<p><i>Unable to consent</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Mental Illness</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Dementia</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Non English Speaking</td> <td>Yes</td> <td>No</td> </tr> </table>	Mental Illness	Yes	No	Dementia	Yes	No	Non English Speaking	Yes	No
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<p>Has the patient had chest wall radiotherapy Yes No</p>																						
<p><i>Medications</i></p> <p>Does patient take blood thinning medication Yes No</p> <p><i>ie Aspirin(Cartia, Aspro, Disprin, Astrix), Warfarin(Marevanm Coumadin), Clopidogel(Iscover, Plavix) or arthritis drugs</i></p> <p>Does patient take any other prescription or non prescription <i>(Nurofen, voltarin or alternative medications)</i> Yes No</p> <p>If Yes, name</p>																						
<p><i>Special instructions</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Cease Warfarin 4 days prior</td> <td style="width: 50%;">Cease Clopidogre/Aspirin 10 days prior</td> </tr> <tr> <td>Need Bloods- CBE, COAGS, U&E</td> <td>Referring doctor to order 1-2 days prior</td> </tr> </table>		Cease Warfarin 4 days prior	Cease Clopidogre/Aspirin 10 days prior	Need Bloods- CBE, COAGS, U&E	Referring doctor to order 1-2 days prior																	
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<p>Please accept this as a referral for an infusaport for STAMP Below</p> <p>Dr</p> <p>Signed</p>																						