

Gamma Knife[®] Centre of Queensland at the Princess Alexandra Hospital

Benign Tumours/Vascular Conditions

Patient Details			
Full Name:			DOB: ____/____/____
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Hospital #
Patient Address:		Home ph:	
		Mobile ph:	
Named Referral to: <input type="checkbox"/> Dr Matthew Foote <input type="checkbox"/> Dr Mark Pinkham <input type="checkbox"/> Dr Michael Huo <input type="checkbox"/> Dr Bruce Hall <input type="checkbox"/> Dr Sarah Olson			
Tumour/Vascular Disease History			
Date Diagnosed: ____/____/____	Lesion type:		
(Please attach reports to referral where possible)			
Presenting Symptoms:			
Past Medical History:			
Previous Treatment/Medications:			
Date of most recent Brain MRI: ____/____/____	Location (Imaging Centre):		
(Please attach images and reports to referral where possible)			
Current Status			
CNS signs and symptoms:			
Dexamethasone dose (if app):	Anti-epileptics: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what drugs: _____	Performance status:	
Referral Details			
Referring Consultant:		Contact ph:	
Signature:		Referring hospital:	
Date of referral: ____/____/____		Provider #	
Please complete referral form and fax to the Central Referral Hub on 07 3176 2859 Please include copies of all relevant histology reports and medical imaging transferred to the PAH. Please note that failure to provide all the information requested may delay the processing of your referral.			