

Tumour Questionnaire
For Completion by the Attending Physician.

Name of Applicant: _____ Date of Birth: _____

1. When was the tumour first detected?

2. What was the site or organ involved?

3. What was the histological type and grade of tumour?

4. What was the stage of growth at the time of treatment?

i. Was it completely localised to the tissue or organ of origin? Yes No

ii. Was there invasion of adjacent tissues? Yes No
If "yes", describe involvement.

iii. Had regional lymph nodes been involved? Yes No
If "yes" please state site/s and number of nodes

iv. Were there distant metastases? Yes No
If "yes" please state where.

v. If breast cancer, please indicate the size of the primary tumour:
 2cm 2-5cm >5cm

vi. Please provide the following classification where relevant:

Bladder carcinoma	- Marshall/TNM	_____
Colonic carcinoma	- Dukes'	_____
Invasive cervical carcinoma	- FIGO/TNM	_____
Skin melanoma	- Clark level/tumour thickness	_____

5. Please give details of treatment:

Surgery	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date/s	_____	Operation	_____
Irradiation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date/s	_____	Fields treated	_____
Chemotherapy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date/s	_____	Drugs	_____
Hormone therapy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date/s	_____	Agents	_____

6. Has there been any recurrence or relapse?

Yes No

If "yes" please advise date/s, site/s and treatment

7. Please advise date of last follow up.

8. Please advise name and address of the specialist/hospital who is following your patient.

Could you please include copies of all pathology and specialist reports.

Signature of Attending Physician

Date