

# Particle Beam Radiation Therapy Referral Fax Form (1)

Fax No.: Japan 0791-58-2600

To: Hyogo Ion Beam Medical Center

## Patient Medical Information Form

● Information about Your Hospital/Clinic

Fax Remittance Date \_\_\_\_\_ MM/DD/YYYY

Name of the Hospital/Clinic \_\_\_\_\_

Address: \_\_\_\_\_

Department \_\_\_\_\_ Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Physician \_\_\_\_\_ Name of Nurse in Charge \_\_\_\_\_

e-mail: \_\_\_\_\_

● Information about the Patient

Requesting second opinion only Yes No

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ [ Male Female ]

Date of Birth \_\_\_\_\_ MM/DD/YYYY Age \_\_\_\_\_

Address \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Main Complaint: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Pathological Diagnosis: \_\_\_\_\_

TNM Category T \_\_\_\_\_ N \_\_\_\_\_ M \_\_\_\_\_ Stage \_\_\_\_\_ Unknown

Date of Recent Blood Test (MM/DD) WBC \_\_\_\_\_ Plt \_\_\_\_\_ Hb \_\_\_\_\_ Creatinine Level \_\_\_\_\_

Complications  Present  Not present Details ( \_\_\_\_\_ )

Past Cancer Treatment  No  Yes ( Surgery  Chemotherapy  Radiation Therapy  IVR  Other )

Details of Explanations Made to the Patient ( \_\_\_\_\_ )

History of Present Illness:

Contact:

Hyogo Ion Beam Medical Center

<http://www.hibmc.shingu.hyogo.jp/>

Tel.: Japan 0791-58-0100 (Main)

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## Particle Beam Radiation Therapy Referral Fax Form (2)

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### Mediastinal Tumor Check Items/Test Items

#### 1. Eligibility Criteria (Answer the questions by circling Yes or No.)

- 1) Pathologically or by imaging diagnosis, the mediastinal tumor was diagnosed as malignant. *Yes No*
- 2) It is a solitary tumor with a max. diameter of 10cm or less, and the case is stage N0M0. *Yes No*
- 3) There is a measurable lesion at the start of particle radiation therapy. *Yes No*
- 4) If chemotherapy is used, it will be stopped before starting particle beam radiation therapy *Yes No*
- 5) Performance status (PS) is 0, 1, or 2. *Yes No*
- 6) It is possible to maintain the posture required at the time of irradiation (in supine position for approximately 30 minutes). *Yes No*
- 7) The functions of the major organs are maintained. *Yes No*
- 8) The location that receives particle beam radiation therapy has not been treated with radiation therapy before. *Yes No*
- 9) There is no complication of severe interstitial pneumonia. *Yes No*
- 10) There is no active infection in the location that receives particle beam radiation therapy. *Yes No*
- 11) There are no active double cancers or severe complications. *Yes No*

#### 2. Tests Required to Start Particle Beam Radiation Therapy

List of Required Tests	Date Performed	Status
Biopsy (prepared slide)	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Pathological diagnostic report	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Hematological test and biochemical test	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Tumor marker	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Brain MRI	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Chest to upper abdominal contrast-enhanced CT	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Whole body FDG-PET	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Spirometry	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned

\* Scans and blood test should be performed within 8 weeks prior to particle beam radiation therapy.

#### 3. Confirmation of the Information Please mark X in the box to the applicable description.

- A. Eligibility criteria are all Yes and all of the required tests have been performed.
- B. Eligibility criteria are all Yes and some of the required tests have been performed.
- C. Neither of the above.

Contact:

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