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)
Fax: Japan 0791-58-2600

Particle Beam Radiation Therapy Referral Fax Form (2)

Fax No.: Japan 0791-58-2600

To: Hyogo Ion Beam Medical Center

Head and Neck Tumor Check Items/Test Items

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

1) It is pathologically diagnosed as a primary malignant tumor in the head and neck region. ***Yes*** ***No***

2) The maximum diameter of the tumor is 10cm or less, and the case is in stage M0. ***Yes*** ***No***

3) If it metastasized to the lymph nodes, a cervical lymph node dissection was performed already, or it is N1 category (solitary metastasis on the same side with a maximum 3 cm diameter). ***Yes*** ***No***

4) There is a measurable legion at the time of particle radiation therapy start. ***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 or sedentary 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 in the past. ***Yes*** ***No***

9) There is no active infection in the location that receives particle beam radiation therapy. ***Yes*** ***No***

10) 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	□ Performed □ Not Performed □ Planned
Pathological diagnostic report	MM/DD/YYYY	□ Performed □ Not Performed □ Planned
Hematological test and biochemical test	MM/DD/YYYY	□ Performed □ Not Performed □ Planned
Head and neck MRI	MM/DD/YYYY	□ Performed □ Not Performed □ Planned
Neck to upper mediastinum CT	MM/DD/YYYY	□ Performed □ Not Performed □ Planned
Chest to upper abdominal region CT	MM/DD/YYYY	□ Performed □ Not Performed □ Planned
Whole body PET-CT	MM/DD/YYYY	□ Performed □ Not Performed □ 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. □

4. Oral Conditions (Since dental treatment is necessary in some cases, please answer these questions.)

1) Denture **Complete denture** ・ **Partial denture** ・ **None**

2) Metal crown **Present** ・ **Not present**

3) Other things to consider **(** **)**

Contact:
Hyogo Ion Beam Medical Center Tel.: Japan 0791-58-0100 (Main)
http://www.hibmc.shingu.hyogo.jp/ Fax: Japan 0791-58-2600