

ONCOLOGY & HAEMATOLOGY BOOKING FORM



Please call 020 3219 3353 to confirm booking and availability if required.

This form **MUST** be completed by the Consultant or Secretary and be accompanied by a clinic letter/ medical notes and emailed to Onc.HaemChemo@thelondonclinic.co.uk

***DENOTES MANDATORY FIELD** If completing this form by hand please use **BLOCK CAPITALS**

Patient Information: (per official document- i.e. passport)		Treatment Information: Oncology Haematology	
*Title:	*Last name:	*Consultant:	
*First name(s):	L Number:	*Contact details:	
*Sex: F M	*Date of birth:	*Outpatient:	*Daycase: *Inpatient: *Length of stay:
*Address:		*Diagnosis:	
		*CCSD Code:	
		*Staging:	*Performance Status:
Nationality:		*Protocol:	
*Contact Numbers: Main	Other	*MDT: Yes (TLC) Yes (elsewhere)	
*Email address:		No - please add to TLC MDT N/A Chairmans action	
Previously seen at TLC? Yes No	VIP: Yes No	*Consent: Yes (attached) No	Expected date of consent:
Interpreter needed: Yes No	Language:	*Planned No. of cycles:	
Ability to consent: Yes No		Assessment of response: Every	Cycles
Cognitive status:		Assessed by: PET CT CT MRI Other	
Dietary requirements:		Preferred start date:	Preferred start time:
*GP/doctor contact details: name, address, phone no		*Allergies:	
		Any known infection/colonisation:	
		*Mobility/ disability/ special requirements	
Pre Chemo Requests		Tumour Markers	
CVAD (PICC / PORT)		AFP	
ECHO / MUGA / ECG		CA125	
Sperm Banking / Ovarian protection		CA15-3	
Lung Function		CA19-9	
Audiogram		CEA	
EDTA / GFR		PSA	
DPD		Other:	
Other		Frequency:	
Payment Details		NHS:	
Self Funding:		Trust /Hospital:	NHS Number:
Self Pay:	Self Pay with Insurance reclaim:		
Insured/Sponsored:		Embassy:	
Insurance Name:		Embassy Name:	
Policy Number:		Patient ID Number:	
Authorisation Number:		Letter of Guarantee attached: Yes No	
Additional Comments			