

# SARCOMABOARD PRESENTATION

next meeting on: \_\_\_\_\_ (each Tuesday)

Referral physician confirms that patient gave consent that data are presented at the SSN sarcomaboard.

<b>Name / first name:</b>	
<b>DOB /gender:</b>	(DD / MM / YY): _____ / <input type="checkbox"/> female <input type="checkbox"/> male
<b>Address:</b>	
<b>PLZ / Wohnort</b>	
<b>Krankenkasse:</b>	
<b>Versicherungsnummer:</b>	
<b>Phone number:</b>	
<b>Family physician / Hausarzt:</b>	
<b>Referring physician / Zuweiser:</b>	
<b>Presenting physician / Vorstellender Arzt:</b>	
<b>Institution:</b>	<input type="checkbox"/> LUKS <input type="checkbox"/> KSW <input type="checkbox"/> EOC <input type="checkbox"/> KSGR <input type="checkbox"/> Enge <input type="checkbox"/> other: _____
<b>1st time presentation?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no if yes: <input type="checkbox"/> whoops? <input type="checkbox"/> path fracture?
<b>F-up presentation?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>(main) Diagnosis:</b>	
<b>other diagnoses:</b>	
<b>side</b>	<input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> midline
<b>Origin of tumor</b>	<input type="checkbox"/> bone <input type="checkbox"/> soft tissue – epifascial <input type="checkbox"/> soft tissue – subfascial <input type="checkbox"/> abdomen <input type="checkbox"/> lung
<b>Anatomic Location of tumor</b>	
<b>Size in 3 dimensions</b>	_____ mm X _____ mm X _____ mm
<b>Presence of metastasis?</b>	<input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> if yes, date of metastasis? _____
<b>Local recurrence?</b>	<input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> if yes, date of metastasis? _____
<b>Patient History (Anamnese)</b>	
<b>Imaging (to be presented):</b>	<input type="checkbox"/> Xray , date: _____ report: <input type="checkbox"/> CT , date: _____ report: <input type="checkbox"/> MRI , date: _____ report: <input type="checkbox"/> other, date: _____ report:
<b>Pathology</b>	Institute: _____ Nr: _____ report:
<b>Questions to SB:</b>	<b>-Radiology:</b> <b>-Pathology:</b> <b>-other questions:</b>
<b>Suggestion how to proceed?</b>	