

SOUTH AFRICAN ONCOLOGY CONSORTIUM: ONCOLOGY MOTIVATION FORM

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<http://www.discovery.co.za> REG NO 1966/003901/06

Please complete this form and return it to the Oncology Department on fax number **011 539 5417** or email to mmdoncology@discovery.co.za to ensure a prompt reply regarding treatment request.
 Discovery Health Oncology Call Centre **0860 100 417**

1. PATIENT DETAILS

Surname First names Initials
 ID number Date of first diagnosis Date of birth
 Department code Telephone number Gender

2. MEDICAL AID DETAILS

Principal member surname Initials Membership number
 Medical aid Benefit option

3. PRACTITIONER DETAILS (PRAC)

Surname Initials Practice number
 Contact person surname Contact person initials Contact person name
 Telephone number Fax number HPCSA number
 Email address
 Practice number to receive email authorisation

4. PATIENT HISTORY

Primary site ICD Code
 Histology
 Grade
 Performance status: ECOG scale Receptors

4. PATIENT HISTORY (continued)

Dates	Previous treatment	Outcomes	Comments
Y Y Y Y M M D D			
Y Y Y Y M M D D			
Y Y Y Y M M D D			
Y Y Y Y M M D D			
Y Y Y Y M M D D			
Y Y Y Y M M D D			

Disease stage T N M Other: specify

Metastases Lung Brain Bone Liver Other: specify

Comorbid diseases

5. CRITERIA FOR PMB CONDITION

Description of condition PMB code

Spread to adjacent organ Irreversible/irreparable damage to organ of origin or other vital organ

Evidence of distant, metastatic spread Demonstrated 5 year survival rate for this cancer is greater than 10%

6. TREATMENT INTENT AND REVIEW

Plan effective date Treatment intent Chemotherapy

Hormone manipulation Radiotherapy treatment Other treatments: specify

SAOC level In/Out policy

Hospital name Hospital practice number

Motivation for hospitalisation

Additional comment

Treatment review

Practitioner's signature Date

