



1 : Patient Details

Surname: Firstname: Initials: ID Number: First Diagnosed:
 Gender: Telephone: CellPhone: Dependant Code: Birth:
 Postal Address: Fax: Email:

2 : Medical Aid Details

Principal Member: Membership Number: Medical Aid: Benefit Option:
 Principal ID Nr: ICON Patient Patient Access Program

3 : Practitioner Detail (Practice)

Name: Practice Number: HPCSA Number:
 Contact Person: Telephone Number: Fax Number:
 Email Address: Group Practice:
 Emergency Urgent

4 : Patient History

First Diagnosis and Criteria for PMB Condition

ICD Code: Primary Site:
 Histology: First Diagnosis Date:

 PMB Code: Condition:
 Metastatic Spread To Adjacent Organ Irreversible/ Irreparable damage to organ of origin or other vital organ
 Evidence of Distant, Metastatic Spread Well demonstrated 5 year survival rate of greater than 10%

First Diagnosis - Clinical Information

Grade:
 ECOG Scale: AJCC:



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Disease Stage T: N: M: Stage Other:

Metastases: Bone Date: Brain Date: Liver Date: Lung Date:

Other: Date:

Receptors:

Co-Morbid:

Second Diaanosis and Criteria for PMB Condition

ICD Code: Primary Site:

Histology: Second Diagnosis Date:

PMB Code: Condition:

- Metastatic 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 cance is greater than 5%

Second Diagnosis - Clinical Information

Grade:

ECOG Scale: AJCC:

Disease Stage T: N: M: Stage Other:

Metastases: Bone Date: Brain Date: Liver Date: Lung Date:

Other: Date:

Receptors:

Co-Morbid:

Treatment History

Date	Descr	Drugs	Outcome	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



6 : Treatment Intent and Review

Plan Effective Date:

Treatment Intent:

SAOC Level:

Clinical Trial :

Hormone Manipulation Radiotherapy

Chemotherapy:

Other:

Hospital Practice No:

Hospital Name:

Hospital Motivation:

Additional Comments:

Treatment Review:

Practitioner Signature: _____

Date: _____



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7 : Radiotherapy Treatment - (RAD)

Professional Practice No: Name: Professional Fees:

Technical Practice No: Name: Technical Fees:

Starting Date: End Date: Supporting Items :

Number of Weeks: **Total Radiotherapy :**

Additional Therapy:

Area of Interest: Dose:

Prostate Volume: Gleason Grade: PSA: IPSS: Prostate Stage: Hospital :

Radiotherapy Comments:

Radiotherapy Planning Code

Product Name	Code	Commencement	Week(s)	UnitPrice	Professional	Technical	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Radiotherapy Planning Code Sub Total :

Radiation Code

Product Name	Code	Commencement	Week(s)	UnitPrice	Professional	Technical	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Radiation Code Sub Total :



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File Number :

SAOC Reference :

Isotope

Product Name	Code	Commencement	Week(s)	UnitPrice	Professional	Technical	Total

Isotope Sub Total :

Brachy Code

Product Name	Code	Commencement	Week(s)	UnitPrice	Professional	Technical	Total

Brachy Code Sub Total :

Supporting Items and Materials

Product Name	Code	Commencement	Week(s)	UnitPrice	Total

Supporting Items and Materials Sub Total :



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SAOC Reference :

File Number :

8 : Chemotherapy Treatment - (CHEM)

Chemo Professional Pr No:	<input type="text"/>	Name:	<input type="text"/>	Height:	<input type="text"/>
Chemo Provider / Facility Pr No:	<input type="text"/>	Name:	<input type="text"/>	Weight:	<input type="text"/>
Chemo Druggist Pr No:	<input type="text"/>	Name:	<input type="text"/>	Body Surface:	<input type="text"/>
Starting Date.:	<input type="text"/>	End Date.:	<input type="text"/>		

Chemotherapy Comments:

Chemotherapy : Part 1

Start Date	<input type="text"/>	Cycles	<input type="text"/>	CycleCost	<input type="text"/>	Total Cost	<input type="text"/>	Port Insertion	<input type="checkbox"/>	Hospital:	<input type="text"/>
End Date	<input type="text"/>	<u>Chemotherapy Service Fees</u>									

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Chemotherapy Service Fees Sub Total :



Chemotherapy Drugs

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total

Chemotherapy Drugs Sub Total :

Supporting Drugs, Materials and Fluids

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total

Supporting Drugs, Materials and Fluids Sub Total :



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SAOC Reference :

Chemotherapy : Part 2

Start Date Cycles CycleCost Total Cost Port Insertion Hospital:

End Date

Chemotherapy Service Fees

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Chemotherapy Service Fees Sub Total :

Chemotherapy Drugs

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Chemotherapy Drugs Sub Total :

Supporting Drugs, Materials and Fluids

Product Name	Code	Cycle Length	Dosage and Frequency	X-Code	UnitPrice	QTY	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supporting Drugs, Materials and Fluids Sub Total :