The South Australian Sarcoma Network

GENERAL REFERRAL FORM

Primary Clinical Concern	Primary Clinical Concern
☐ Bone Lump/Mass/Sarcoma ☐ Soft Tissue Mass/Sarcoma of the Limbs ☐ Bone Metastases / Bone Lesion ☐ Chest Wall Mass/Sarcoma ☐ Paediatric Bone or Soft Tissue Mass	☐ Retroperitoneal or Abdominal Mass/Sarcoma ☐ Chest Wall Mass/Sarcoma
SA Bone & Soft Tissue Tumour Unit Dr. Luke Johnson Dr. Jake Jagiello Dr. Saleem Hussenbocus Vicki Moss, Nurse Practitioner Email: health.bonetumourunit@sa.gov.au Phone: (08) 8204 7813 (Vicki Moss) Fax: (08) 8374 0832	**RAH Surgical Outpatients Dept.** Dr. Richard Smith Phone: 1300 153 853 Fax: (08) 7074 6247

PATIENT DETAILS

Patient Name			
Medicare Nº		Hospital Nº	
Date of Birth		Gender	☐Female ☐Male
Patient Contact Nº	Home:	Mobile:	
Patient Address			
Is the Patient Aboriginal or Torres Strait Islander	☐ No, Neither ☐ Yes, Aboriginal	☐ Yes, Torres Strait Islander ☐ Yes, Both	
Interpreter Required?	☐ No ☐ Yes → Language:		
DVA / Private Insurance	☐ DVA DVA Nº:	☐ Private Insurer: Member Nº:	
For Paediatric Patients Only	Are there Guardianship Orders in place? ☐ Yes ☐ No		
	Parent/Guardian Name:		
	Relationship to Child:		

Clinical Details	
Clinical Question	
Presenting Symptoms	
Specific Anatomical location of Mass or Lump	
Past Medical History	
Cancer History & Treatment Received	
Medications	
Anticoagulants? (specifiy)	
Allergies?(specify)	
Social History/Circumstances	

Imaging Details

Modality	Ultrasound	Xrays	CT	MRI	PET/WBBS
Provider					
Date					
Findings (Brief)					

Referrer Information

Referrer's Name:		Provider Nº:	
Referrer Email:		Phone Nº :	
Practice Address			
Referrer Type:	☐ GP ☐ Orthopaedic Surgeon ☐ Med/Rad Onc ☐ Other		
Referrer's Signature		Date:	