

Notification of cancer in Queensland is a statutory requirement under the under the Public Health Act (PHA) 2005

PATIENT DETAILS

1. Hospital / Institution name and number:
2. Medicare number:
3. UR number:
4. Patient Surname:
5. Given Name(s):
6. Former Name / Alias:
7. Usual Street Address:
8. Suburb / Locality:
9. State:
10. Postcode:
11. Date of Birth: / / Estimated?
12. Occupation (before retirement):
13. Sex: Male Female Other Not stated
14. Country of Birth: Australia Other (specify)
15. Marital Status: Never married Married / Defacto Widowed Divorced Separated
16. Indigenous Status: Aboriginal but not Torres Strait Islander Origin Torres Strait Islander but not Aboriginal Origin Not Stated / Unknown Both Aboriginal and Torres Strait Islander Origin Neither Aboriginal nor Torres Strait Islander Origin
- 17a. Admission Date: / /
- 17b. Separation Date: / /
18. Separation Mode: Discharged Transferred → To Institution (name and number) Died → Was autopsy held? Yes No
19. Underlying Cause of Death:

CANCER DETAILS

20. Primary Site of Cancer: ICD-10-AM Code: (If known)
21. Histological Type of Cancer: Morphology Code:
22. Date of FIRST diagnosis of this Cancer: / / Estimated?
23. Usual Suburb / Locality at FIRST diagnosis of Cancer:
24. State:
25. Postcode:
26. Laterality of Cancer: Right Left Bilateral Unknown / Not Applicable
27. Is there more than one Primary Site? Yes No If YES, complete additional form(s)
- 28a. Most valid basis of Diagnosis of Cancer at THIS admission:
 - Clinical Only
 - Clinical Investigations
 - Exploratory Surgery
 - Spec. Biochemical or Immunology
 - Cytology or Haematology
 - Histology of Metastasis
 - Histology of Primary
 - Laboratory facility (specify): Laboratory Specimen number:
 - Autopsy and Histology
 - Unknown
- 28b. Reasons for Clinical Diagnosis:
 - Palliative Care Admission
 - Doctor's Notes / Referral (specify doctor)
 - Pathology (specify lab and specimen no.)
 - Radiological Investigation (specify)
 - Other Non-invasive Investigation (specify)
 - Invasive Investigation (specify)
 - Non-Cancer Admission
 - Other / Chemo / RT (specify)
29. Diagnosis at separation: ICD-10-AM Code: (If known)
30. Name of Treating Doctor:
31. Name of Person Completing this form: Date: / /