

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: / /