Metro South Health

Gamma Knife®
Centre of Queensland
Princess Alexandra Hospital

Gamma Knife® Centre of Queensland at the Princess Alexandra Hospital

Malignant Conditions/Brain Mets

Patient Details			
Full Name:		DOB	____/____/_____
Gender:	Male ◯ Female ◯	Hospital #	
Patient Address:		Home ph: Mobile ph:	
Named Referral to: ◯ Dr Matthew Foote ◯ Dr Mark Pinkham ◯ Dr Michael Huo ◯ Dr Bruce Hall ◯ Dr Sarah Olson ◯ Dr Mihir Shanker			
Brain Metastasis History			
Date Diagnosed: ____/____/_____		Date of most recent EC Staging: ____/____/_____	
Date of most recent MRI: ___/___/_____	Location (Imaging Centre): (Please attach images and reports to referral where possible)		
Current Symptoms:	ECOG:	Number of Mets: Are they all <3cm across? ◯ No ◯ Yes	
Has WBRT been given: ◯ No ◯ Yes Date: ____/____/_____ Dose/Fractionation: _____			
Dexamethasone dose (if app):			
Cancer History			
Primary Site:		Histological type:	
Primary Treatment Details: Systemic Disease: ◯ Absent ◯ Present → Prognosis greater than 6 months? ◯ Yes ◯ No			
General History			
Past Medical History:		Previous Treatment &/Or relevant medication:	
Referral Details			
Referring Consultant:		Contact ph:	
Signature:		Referring hospital:	
Date of referral: ____/____/_____		Provider #	

Please complete referral form and fax to the **Central Referral Hub on 07 3176 2859**
Please include copies of all relevant histology reports and medical imaging transferred to the PAH.
Please note that failure to provide all the information requested may delay the processing of your referral.

Submit via email

Queensland Government