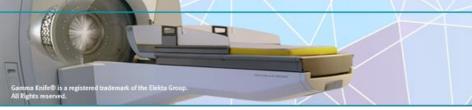


**Centre of Queens** 

Princess Alexandra Hospital



## Gamma Knife® Centre of Queensland at the Princess Alexandra Hospital

## Benign Tumours/Vascular Conditions

Patient Details						
Full Name:				DOB		//
Gender:	Male   Female			Hospital #		
Patient Addre	ess:		Home	ph:		
			Mobile ph:			
Named Referral to: Dr Matthew Foote				Dr Mark Pinkham     Dr Michael Huo     Dr Mikir Charler		
Dr Bruce Hall Dr Sarah Olson Dr Mihir Shanker						
Tumour/Vascular Disease History						
Date Diagnosed://			Lesion type:			
(Please attach reports to referral where possib Presenting Symptoms:						
r resenting Symptoms.						
Past Medical History:						
Previous Treatment/Medications:						
Date of most recent Brain MRI: Location (Ima			aging Centre): (Please attach images and reports to referral where possible)			
Current Status						
CNS signs and symptoms:						
Dexamethasone dose (if app): Anti-epileptics			5: □ NO □ Ye			Performance status:
If yes, what drugs			3:			
Referral Details						
Referring Consultant:			Contact ph:			
Signature:			Referring hospital:			
Date of referral://			Provider #			
Please complete referral form and fax to the <b>Central Referral Hub on 07 3176 2859</b> 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.						

