

Referral physician confirms that patient gave consent that data are presented at the SSN sarcomaboard.

Name / first name:	
DOB /gender:	(DD / MM / YY): _____ / <input type="checkbox"/> female <input type="checkbox"/> male
First patient contact:	(DD / MM / YY): _____
Address:	
PLZ / Wohnort	
Krankenkasse:	
Versicherungsnummer:	
AHV-Nummer:	
Phone number:	
Family physician / Hausarzt:	
Referring physician / Zuweiser:	
Presenting physician / Vorstellender Arzt:	
Institution:	<input type="checkbox"/> LUKS <input type="checkbox"/> KSW <input type="checkbox"/> EOC <input type="checkbox"/> KSGR <input type="checkbox"/> Enge <input type="checkbox"/> other: _____
1st time presentation?	<input type="checkbox"/> yes <input type="checkbox"/> no if yes: <input type="checkbox"/> whoops? <input type="checkbox"/> path fracture?
F-up presentation?	<input type="checkbox"/> yes <input type="checkbox"/> no
(main) Diagnosis:	
other diagnoses:	
side	<input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> midline
Origin of tumor	<input type="checkbox"/> bone <input type="checkbox"/> soft tissue – epifascial <input type="checkbox"/> soft tissue – subfascial <input type="checkbox"/> abdomen <input type="checkbox"/> lung
Anatomic Location of tumor	
Size in 3 dimensions	_____ mm X _____ mm X _____ mm
Presence of metastasis?	<input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> if yes, date of metastasis? _____
Local recurrence?	<input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> if yes, date of metastasis? _____
Patient History (Anamnese)	
Imaging (to be presented):	<input type="checkbox"/> Xray , date: _____ report: <input type="checkbox"/> CT , date: _____ report: <input type="checkbox"/> MRI , date: _____ report: <input type="checkbox"/> other, date: _____ report:
Pathology	Institute: _____ Nr: _____ report:
Questions to SB:	-Radiology: -Pathology: -other questions:
Suggestion how to proceed?	