

DEPARTMENT OF RESPIRATORY MEDICINE
 QUEEN ELIZABETH HOSPITAL
 KOTA KINABALU, SABAH
MULTIDISCIPLINARY LUNG CANCER FORM

Date of Presentation:

Name:

Referral Source:

I/C:

Consultant:

DOB/Age:

Problem/Major Symptom:

Smoking History: Ex-smoker = quit 1 year ago
 Pack year= no of cigs per day/20 X no of years smoking

Relevant Medical Conditions:

Family H_x of cancer Yes No No of children Pregnant Not pregnant

Cytology / Pathology report:

CXR:



CT Scan/MRI:

Invasion:

Lymph Node:

Chest Wall

Hilar

Mediastinum

Mediastinal

Aorto Pulmonary

Tumour dimensions:

Extra thoracic spread:

Bronchoscopic Findings:

Tumour markers:

Bone Scan: Done/not done

Full Blood Count:

PET Scan: Done/not done

Renal Profile:-

Liver function test:-

Uric acid:

Measured.

Predicted.

Clinical Staging

FEV 1

Weight:

T:

FVC

Weight Loss:

N:

DLCO

ECOG Status:

M:

Predicted Post Operative FEV 1:

% Absolute Predicted:

Stage:

Management Decisions:

Intent: Curative / Non Curative / Supportive

Plan:	Cardio-thoracic	Medical oncology	Radiation Oncology	Palliative care	Others
Referral to:					

Management Decision:

Pending / Finalized / F/U Review.

