**Please note this form must be completed fully (see note below). All forms and medical files must be in English**

|  |
| --- |
| **Patient Referral Form** |
| **Patient information**  | **Patient name**  |   |
| *(Surname, Given name)*  |
| **Nationality**  |   |
| **Date of birth**  |   |
| *(mm/dd/yyyy)*  |
| **Gender**  |  |
| **Contact Information**  | Mobile:  |
| E-mail:  |
| **Patient medical history**  |  |
| *Please specifically write in detailsThe Past diagnosis & treatment, current diagnosis & treatment(HTN, Tuberculosis, DM, Hepatitis, Allergy, Admission & Surgery history, etc)* |
| **Current diagnosis**  | *The diagnosis from the latest check-up*. |
| **Chief complaint (Major problem and concerns)**  |  |
| *Please describe specifically including the affected site and nature of pain. (DOE, hedache, bleeding etc.)* |
| **Recommendation by current treating doctor**  | *What treatment was recommended by current treating doctor.*  |
| **Test results**  | *Please attach the test results and the images to the request.****Primarily recommeded filename extensions are JPG, MS, DICOM and etc. EXE files are not accessible. If the files can’t be attached to the e-mail, you may send us the link to your On-line storage for large volume files.*** |
| **In case of previous surgery** | *Please attach Surgery record- Examination result before & after surgery- CT/MRI image files before and after surgery - CT/MRI interpretation sheet* |
| **Current medication**  | *Current medication (including name, dosage, and frequency)* |
| **Reason for referral**  |  |

Your medical information is confidential and protected. We will make uses and disclosures of your protected health information as necessary for your treatment. Doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions.to your course of treatment that may include procedures, medications, tests, medical history, etc. rev/ Jan 2023

**Proton Korea and Managing Your Care Notes needed on your assessment. Please read carefully:**

**Treatment for cancer is complex and managing all the different aspects of treatment can be complex. We hope to simplify the process by following the steps following. The information in this section is designed to help make the time you spend with your doctors more beneficial and productive. The following information request is designed to help your doctors know your general medical history and to save you time during your initial evaluation. Because the information is important for your health care, please fill it out carefully and completely.**

**<Medical Documents required>**

1. Patient referral form

2. CT/MRI Interpretation sheet

3. CT/MRI test results Image files

4. Doctors note

5. Biopsy result

6. Blood test result

**<In case patient underwent surgery>**

1. Surgery record

2. Examination result before & after surgery

3. CT/MRI image files before and after surgery

4. CT/MRI interpretation sheet

\* If not written in English, all the files Should be Notarized English translated.

\* Large image files should be sent in DICOM files form (please attach via email to advise review by doctors and or send the link NCC can get download)

\* For the prompt assessment of your candidacy for PBT at NCC, the above-mentioned files must be provided. If not fully provided, we may request additional files and may delay the assessment.

***\*\*\*\* When you fill in the referral form please specifically write in details***

**Medical History**Please describe in details as example text below.
Example: “*Because I had OOO symptoms, I visited to the hospital / I was diagnosed with OOO / so I underwent OOO treatment / how long after, I had a medical checkup, found some metastasis, spread to another area etc... so I am undergoing or underwent OOO treatment”.*

**Current diagnosis** ; The diagnosis from the latest check-up.

**Chief complaint (Major problem and concerns)**
The major physical problems such as DOE, headache etc.

**Test results** Attached the files according to **t**ested Year, Month, Date or test results diagnosis etc. or by years.......

**Current medication**; What is the name of medication? Dosage? How many times a day are you taking??

**Reason for referral Please write specifically**
example: “*OOO treatment was recommended by the current treating doctor.  Want to know the candidacy for proton, I want to be treated in NCC etc.” ....*