



# CEDARS-SINAI MEDICAL CENTER

## Department of Neurosurgery

### ADULT BRAIN TUMOR -- MEDICAL HISTORY FORM FOR OUTSIDE SCAN REVIEW PROGRAM

**PATIENT INFORMATION:**Name : LAST \_\_\_\_\_ FIRST \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female  DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Family Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Patient SS# \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Email) \_\_\_\_\_

**TREATING PHYSICIAN:**

LAST \_\_\_\_\_ FIRST \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**DIAGNOSIS**Date of Diagnosis: \_\_\_\_\_ Right Handed  Left Handed 

Patient's Diagnosis/Tumor Type: \_\_\_\_\_

**PATIENT'S CURRENT SYMPTOMS AND ANY CURRENT DATES OF TUMOR PROGRESSION NOTED:**

• \_\_\_\_\_

**PATIENT'S DAILY LEVEL OF FUNCTIONING :** Independent  Needs assistance  Dependent **PRIOR TREATMENT: Yes No If Yes, Please provide Date(s) Performed:****Surgery**Open biopsy   \_\_\_\_\_Stereotactic biopsy   \_\_\_\_\_Tumor Removal   \_\_\_\_\_**Radiation therapy**External/Focused beam   \_\_\_\_\_Whole brain   \_\_\_\_\_**Radiosurgery**X-knife   \_\_\_\_\_Gamma knife   \_\_\_\_\_**Chemotherapy**  If yes, please list names and dates of therapies/drugs: \_\_\_\_\_**Clinical Trials**  If yes, please list names and dates of therapies/drugs: \_\_\_\_\_**Alternative therapies**  If yes, please list names and dates: \_\_\_\_\_**PREVIOUS RECOMMENDATIONS?**• \_\_\_\_\_  
• \_\_\_\_\_**WHAT IS/ARE THE MOST IMPORTANT QUESTION(S) YOU WANT US TO ANSWER?**

• \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** Magazine Article  Internet  Cedars/Neurosurgery Website Physician referral  Friend  Radio Ad  Other  (revised 01/02)*Scan Reviews being sent from outside of California and Michigan, must be filled out, submitted & signed below by a referring MD:*\_\_\_\_\_  
Treating Physician Name (Printed)\_\_\_\_\_  
Treating Physician Signature\_\_\_\_\_  
State\_\_\_\_\_  
Date