

# MULTIDISCIPLINARY TEAM TREATMENT PLAN

<insert logo>

Re: <John Smith>, DOB ...../...../.....

Dear Dr <Jane Dow>,

Your patient was discussed at the <St Vincent's Hospital> Haematology Multidisciplinary Team Meeting on ...../...../..... Please find here a summary of the management plan for this patient.

Procedures Performed:		
Bone Marrow Biopsy <input type="checkbox"/> No <input type="checkbox"/> Yes	CT <input type="checkbox"/> No <input type="checkbox"/> Yes	
Surgical Biopsy <input type="checkbox"/> No <input type="checkbox"/> Yes	PET <input type="checkbox"/> No <input type="checkbox"/> Yes	
MRI <input type="checkbox"/> No <input type="checkbox"/> Yes	Other .....	
Results:		
Diagnosis .....		
Known sites of disease .....		
Other.....		
Stage .....		
Psychosocial/Supportive Care Issues:		
.....		
.....		
Referral <input type="checkbox"/> Not required <input type="checkbox"/> Referred to: .....		
Recommended Treatment:		
<input type="checkbox"/> Surgery	Details.....	
<input type="checkbox"/> Chemotherapy	Details.....	
<input type="checkbox"/> Radiotherapy	Details.....	
<input type="checkbox"/> Clinical Trial	Details.....More info available from: <a href="http://www.actr.org.au/trialSearch.aspx">www.actr.org.au/trialSearch.aspx</a>	
<input type="checkbox"/> Bone Marrow Transplant - <input type="checkbox"/> Autologous <input type="checkbox"/> Allogeneic	Details.....	
<input type="checkbox"/> Other	Details.....	
For information on chemotherapy side-effects, please refer to <a href="http://www.treatment.cancerinstitute.org.au">www.treatment.cancerinstitute.org.au</a>		
Treatment Aim:		
<input type="checkbox"/> Aggressive Management <input type="checkbox"/> Symptom Management	Patient aware <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prognosis <input type="checkbox"/> Good <input type="checkbox"/> Intermediate <input type="checkbox"/> Poor	Patient aware of prognosis <input type="checkbox"/> Yes <input type="checkbox"/> No	
Follow-up Arrangements:		
Action	When	Person Responsible
Other Comments:		
.....		

Should you have any questions or concerns about this patient, please contact <name>, <title>, on 03 <xxxx xxxx> during office hours. After hours, please contact the Haematology Department on 03 <xxxx xxxx>.

Regards,

<Signature>

<Name & Title> <Date>

On behalf of the Haematology Multidisciplinary Team, <Western Hospital>