

<insert logo>

<insert patient details/sticker>

# HAEMATOLOGY MULTIDISCIPLINARY TEAM PROPOSED TREATMENT PLAN

Meeting Date:

Referring Clinician:

GP:

<b>Attendance:</b>			
<input type="checkbox"/> Haematopathologist	<input type="checkbox"/> Clinical Haematologist	<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> Anatomical Pathologist
<input type="checkbox"/> Radiologist	<input type="checkbox"/> Nurse Coordinator	<input type="checkbox"/> Nursing Representative	<input type="checkbox"/> Physiotherapist
<input type="checkbox"/> Dietetics	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Palliative Care Representative	<input type="checkbox"/> Mental Health Professional

Other (please specify) .....

<b>Diagnosis:</b>		<b>Prognostic Score: (if applicable)</b>
Diagnosis .....		Name (e.g. IPI): .....
Biochemistry.....	Cytogenetics.....	Score: .....
Known sites of disease .....		Risk: .....
Other.....		Stage.....

### Psychosocial/Supportive Care Issues:

.....  
.....

Referral       Not required       Referred to: .....

### Treatment Intent:

Curative       Palliative

### Recommended Treatment Plan:

- Surgery      Details.....
- Chemotherapy      Details.....
- Radiotherapy      Details.....
- Clinical Trial      Details.....
- Bone Marrow Transplant -  Autologous     Allogeneic    Details.....
- Other      Details.....

### Follow-up Arrangements:

Action	When	Person Responsible

### Other Comments:

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### Patient Discussion Outcome:

- Patient Informed and Agreed with Recommended Treatment Plan
  - Patient Informed and Agreed with Alternative Treatment Plan        Details.....
  - .....
- Patient Informed By: ..... on ..../..../....

Meeting Recorded By: <name> <position>