

## UCSF RADIATION ONCOLOGY

### NEW PATIENT MEDICAL RECORDS CHECKLIST 1600 Divisadero Street, Suite H-1031, San Francisco, CA 94115

#### **REFERRING MD- PLEASE INCLUDE THE FOLLOWING MEDICAL RECORDS FOR YOUR PATIENT *PRIOR* TO SCHEDULING AN APPOINTMENT:**

Patient Name:

Patient DOB:

Requesting MD:

**History and Physical** from initial consultation of the diagnosis. Any other **History and Physical** regarding metastatic disease

**ALL Diagnostic Imaging Reports and CD** (ALL CT, PET-CT, MRI, Bone scans, Endoscopy, Mammograms) related to the site of the disease being treated

**Operative Reports** for all surgeries related to the site of disease being treated

**Original Pathology/Cytology report (MANDATORY)** and ANY related biopsies, including any recurrent and/or metastatic disease

**Pathology slides from biopsy/biopsies pertaining to the diagnosis (if available)**

**Chemotherapy Records** (*name of drug, dose, dates administered*) if received chemo

**Radiation Records** name of radiation oncologist, dose, number of treatment fields, dates of treatment, color copy of the treatment plan including ISODOSE LINES; preferably all contents provided on a DICOM-RT CD or PDF (*ask physics or dosimetry*)

**Office visit notes**

**Medication list**

**Demographic information**

**Copy of insurance card** front and back

**Authorization** for the consult (if needed) from the insurance.

**Referral letter** from the doctor if there is a referring MD

**Labs** (latest CBC. For prostate cancer, all PSAs from time of diagnosis to now. For GI cancers, include all liver function tests).

Attention: **DaNesha/Kawana/Krshna**

Fax: **415.353.9884**

Email: [RadOncNewPatient@ucsf.edu](mailto:RadOncNewPatient@ucsf.edu)