

Harry Perkins Institute of Medical Research  
QEII Medical Centre  
6 Verdun Street Nedlands WA 6009  
Telephone: 08 6151 0860  
Facsimile: 08 6151 1032  
Email: wakmas@perkins.org.au



*\*mandatory field*

## REFERRAL FORM

Clinic Appointment

MDT Discussion

**DATE REFERRED\***

**PATIENT DETAILS**

Name\*:

Patient Gender\*:

Male

Female

Not Stated / Inadequately Described /Unknown

Date of Birth\*:

Address\*:

Telephone\*:

Email:

**REFERRING CLINICIAN**

Name\*:

Address\*:

Telephone\*:

Fax\*:

Email\*:

**PRIMARY MELANOMA**

**Anatomic Site**

**Primary excision/biopsy**

Laboratory

Date

Pathology Report #

**Re excision**

Laboratory

Date

Pathology Report #

**METASTATIC MELANOMA**

Lymph Node

Skin

Other:

Date

Laboratory

Pathology Report #

**REASON FOR REFERRAL\***

Pathology Review\*:

Yes

No

Radiology Review\*:

Yes

No

Assessment of Prognosis\*:

Yes

No

Need for: re excision

SNB

Consideration for:

Adjuvant Therapy

Clinical Trial

Management Advice

Do you want WAKMAS to arrange further management (**for clinic patient only**): Yes No

Past Medical History/Significant Comorbidities (please provide a list of medications) – attach separate medical summary if preferred:

Relevant Social History:

## PATIENT CONSENT

The WA Kirkbride Melanoma Advisory Service (WAKMAS) is a multidisciplinary clinic that provides advice on the management and care of patients with melanoma. One of the roles of the clinic is to participate in melanoma research with the aim of improving the outlook for melanoma patients both now and in the future.

An important part of any clinical research may involve collecting medical information on a patient in the future or following their initial treatment and some of this information may be published.

Please take time to read the following, and feel free to discuss this with your doctor.

I

DOB:

agree to give permission for the WA Kirkbride Melanoma Advisory Service to contact my doctor and to review my medical records with respect to melanoma. I understand that it may be necessary to confirm details of my illness or of any treatment I have been given now or in the future.

I understand that a WAKMAS Pathologist will review my pathology report and specimen, under the microscope. I agree that this information will be shared with the Western Australian Cancer Registry for purposes of updating their register.

I understand that the WAKMAS will not pass on any identifiable information about my medical history to any other person or organisation or identify me in any publication.

I understand I am under no obligation to give this consent and that I can withdraw my consent at any time.

Signed

Date

Witness

Date

Witness Name:

**PLEASE SEND THIS REFERRAL ALONG WITH COPIES OF RELEVANT REPORTS (i.e. PATHOLOGY AND IMAGING REPORTS) VIA:**

**1. EMAIL: [wakmas@perkins.org.au](mailto:wakmas@perkins.org.au)**

**OR**

**2. FAX TO 08 6151 1032**

Please phone the Nurse Coordinator **08 6151 0860** if you have any queries.