Filing Nr: Auth Nr:

SOUTH AFRICAN ONCOLOGY CONSORTIUM: ONCOLOGY MOTIVATION FORM

1: PATIENT DETAILS

Surname:
First Name:
Initials:
ID Number:
Date of First Diagnosis:
Date of Birth:
Dependant Code:
Telephone Number:
Gender:

2: MEDICAL AID DETAILS

Principal Member Surname:
Principal Member Initials:
Membership Number:
Medical Aid:
Benefit Option:

3: PRACTITIONER DETAILS (PRAC)

Surname:
Initials:
Practice Number:
Contact Person Surname:
Contact Person Initials:
Contact Person Name:
Telephone Number:
Fax Number:
HPCSA Number:
E-mail Address:

Practice Number to Receive E-Mail Authorisation:

4: PATIENT HISTORY

Primary Site:
ICD Code:
Histology:
Grade:
Performance Status - ECOG scale:
Receptors:

Dates	**Previous Treatment**	**Outcomes**	**Comments**

Disease Stage: T: N: M: Other - Specify:

Metastases: ☐ Lung ☐ Brain ☐ Bone ☐ Liver Other - Specify:

Comorbid Diseases:

Member Num: Depend Code: Plan Effective Date:

SOUTH AFRICAN ONCOLOGY CONSORTIUM: ONCOLOGY MOTIVATION FORM

5: CRITERIA FOR PMB CONDITION

Description of Condition: PMB Code:

☐ Spread to adjacent organ
☐ Irreversible/irreparable damage to organ of origin or other vital organ
☐ Evidence of distant, metastatic spread
☐ Demonstrated 5 year survival rate for this cancer is greater than 10%

6: TREATMENT INTENT and REVIEW

Plan Effective Date: Treatment Intent: Chemotherapy:

☐ Hormone Manipulation ☐ Radiotherapy Treatment Other Treatments - Specify:

SAOC Level: In / Out Patient:

Hospital Name: Hospital Practice Number:

Motivation for Hospitalisation:

Additional Comments:

Treatment Review:

Practitioner's Signature:______________________________ **Date:** ______________

7: TREATMENT - RADIOTHERAPY (RAD)

Provider Name (Professional): Practice Number (Professional):

Provider Name (Technical): Practice Number (Technical):

Radiotherapy / Planning Start Date: Area of Interest:

	CODE(S)	QTY	PROF FEE	TECH FEE	TOTAL
Planning Code 1:					
Planning Code 2:					
Radiation Code 1:					
Radiation Code 2:					
Radiation Code 3:					
Brachy Code1:					
Brachy Code2:					
Brachy Code3:					
		Supporting Items Costs:		**Estimated Total Costs:**	

If no Technical fees are reflected in this section, please look out for a separate quote from a hospital provider.

SOUTH AFRICAN ONCOLOGY CONSORTIUM: ONCOLOGY MOTIVATION FORM

8: TREATMENT - CHEMOTHERAPY DRUGS (CHEM)

Provider Name (Professional): Practice Number (Professional):

Provider Name (Facility): Practice Number (Drugs):

Chemotherapy Starting Date: Height: Weight: Body Surface:

Infusional Fee Code: Infusional Fee Quantity: Infusional Fee Amount:

Non Infusional Fee Code: Non Infusional Fee Quantity: Non Infusional Fee Amount:

Number of Cycles: Supporting Items (Est): Drugs (Est): Estimated Cost per Cycle:

SAOC Equivalent Codes: Port ☐ Total Estimated Cost:

DRUG	NAPPI	ROUTE	QTY	FREQUENCY	COST PER CYCLE

9: TREATMENT - SUPPORTING DRUGS / ISOTOPES / MATERIALS

DRUG / ISOTOPES / MATERIALS / FLUIDS	NAPPI	PROV	ROUTE	QTY	FREQUENCY	COST PER CYCLE
Material Estimate	See Account					

Practitioner Support Total **Rad Support Total** **Chemo Support Total**