

Lymphoma Telemed Clinic Proforma

NHS # MRN # DOB:
Firstname: Surname:
Clinician: Called: Date: Time:

Brief Clinical History

Record the following symptoms

Wt loss of > 10% in 6 months Fever
Drenching Night Sweats Other Symptoms

Significant/New Medication

Review Lab Results

Review Radiology Results

Outcome

Psycho-social Needs requiring

If Yes e-mail referral to CNS.

CNS Contact

Blood test needing earlier

If Yes e-mail referral to CNS.

review:

Ensure patient has correct details to get in contact with Lymphoma Team:

01865 235 886 - Secretary

01865 235 283 - Lymphoma CNS

Signed

Doc number:
Version:
Authorised by:

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Title:

Date: