

NEXT DAY CANCER NOTIFICATION FOR PATIENTS DIAGNOSED WITH CLL			
GP NOTIFICATION & CHECK LIST TO BE FAXED <sup>1</sup>			
Dear Dr		Date:	
The patient detailed below was informed today regarding the following:			
Patient Name	Patient Sticker		
Address			
Date of Birth			
Hosp/NHS No.			
Consultant(s) Involved			
Diagnosis	Treatment Plan		
Key Worker			
Contact Details			
CLL Advanced Nurse Practitioner Contact Details			
<b>Information Given (please tick)</b>			
Macmillan Cancer Support Booklet- Understanding Chronic Lymphocytic Leukaemia	<input type="checkbox"/>	CLL Support Association Contact details	<input type="checkbox"/>
Leukaemia & Lymphoma Research Booklet- Chronic Lymphocytic Leukaemia	<input type="checkbox"/>	Oxford Leukaemia Care Support Group Information	<input type="checkbox"/>
In-House Patient Information- Food Safety Leaflet	<input type="checkbox"/>	Macmillan Oxford CAB Benefits Service leaflet	<input type="checkbox"/>
Leukaemia and Lymphoma Research booklet – Dietary Advice for patients with neutropenia	<input type="checkbox"/>	Maggie's Cancer Information Centre leaflet	<input type="checkbox"/>
Patient Information on specific Chemotherapy /Treatment Regimens	<input type="checkbox"/>	Haematology Ward and Triage Unit Contact details	<input type="checkbox"/>
Macmillan Cancer Support Booklet- Coping with Fatigue	<input type="checkbox"/>	CLL Advanced Nurse Practitioner Contact details	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prescription Exemption Form (FP92A form)	<input type="checkbox"/>
<b>A copy of the letter produced from the patients consultation discussing their treatment options will be sent to the patient and GP.</b>			
Name of Health Professional: ..... Signature: .....			

<sup>1</sup> Quality Measure Standard 13-2H-115