

MOBILE CLINIC

HOSPITAL TREATMENT NOTICE

When the patient leaves the hospital we kindly ask you to return this questionnaire filled in using the enclosed envelope.

ID number:

Card number:

Hospital code

Surname, first name(s)      Date of Birth

Social security number

HOSPITAL PROCEDURES:

Number of medical record/polyclinic card

In the polyclinic

In the hospital

PROCEDURES:

Needle biopsy

Lump removal

Lymph node biopsy

Radical surgery

Operation finding

NUMBER AND SIZE OF LUMPS:

A sample sent to a pathologist

No sample to a pathologist

IMMEDIATE HOSPITAL TREATMENT:

Chemotherapy      dose

Hormonal treatment      Cytostatic treatment, medicine:

Oophorectomy

Clinical diagnosis:

SENT:

Home

Follow-up treatment

Post treatment monitoring

Died

Autopsy-finding

Place            Time

Physician's signature or stamp