

**PHYSICIAN REQUEST
FOR PATIENT PARTICIPATION IN
PHASE ONE STUDIES**

Patient Information:

Name: _____ DOB: _____

Medical Record #: _____ SS# _____

Address: _____ Phone: _____

Performance Status: _____ Metastatic? : Yes / No Where?: _____

Tumor Type: _____

List all previous radiation and chemotherapy w/ dates of treatment:

Allergies: _____ Peripheral Neuropathy: Yes / No Grade _____
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Referring MD: _____ Address: _____

Phone: _____ Fax: _____

Does pt insurance cover tx #VUMC? : Yes / No Insurance name: _____
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When will patient be available to enter study? _____ Last date of treatment: _____

(Most studies require a pt to be off of treatment for at least 4 weeks prior to entering a Phase I study)

Will the patient be able to return to Vanderbilt for weekly evaluations? Yes / No

Physician Signature

Date

Please fax to Teresa Knoop, RN at 615-936-3026

Please also send a MD summary or
H & P and most recent labs

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Vanderbilt-Ingram Cancer Center
Cancer Information Program