AKADEMISKA
BARNSJUKHUSET

Referral Uppsala University Children's Hospital for Proton Radiation at the Skandion Clinic
For foreign children. To be filled in by child oncologist

<table>
<tr><td colspan="2">Name:
Address/contact info:</td><td>Date of Birth:</td></tr>
<tr><td colspan="2">Diagnosis:</td><td>Radiation start planned date:</td></tr>
<tr><td colspan="3">Preparations will be done in: Göteborg ☐ Linköping ☐ Lund ☐ Stockholm ☐ Umeå ☐ Uppsala ☐ Date:</td></tr>
<tr><td colspan="3">Status of the patient:</td></tr>
<tr><td colspan="3">Healt care needs:</td></tr>
<tr><td colspan="3">Paramedical need: (ex physiotherapist, dietician, psychologist)</td></tr>
<tr><td colspan="3">Other information:</td></tr>
<tr><td colspan="3">Up- to- date drug list, send one to Uppsala together with this referral.</td></tr>
<tr><td colspan="3">Need for chemotherapy during the radiation: Yes ☐ No ☐ Submit chemotherapy schedule and treatment protocol.</td></tr>
<tr><td colspan="3">Do you expect the patient to have / need for inpatient care (neutropenia, nutrition, etc.):</td></tr>
<tr><td colspan="3">Anesthesia: Yes ☐ No ☐ If yes, what type of access? SVP (subcutaneous venous port)☐ CVK (central venous catheter) ☐
Other:</td></tr>
<tr><td colspan="3">Anesthesia; medical history. Send medical / nurse anesthesia medical notes from CT, face mask / fixation.</td></tr>
<tr><td>Shunt Yes ☐ No☐</td><td>Type:</td><td>Shunt setting:</td></tr>
<tr><td colspan="3">Indication for shunt; Obstruction / Resorption Problems?
Submit medical note on shunt.</td></tr>
<tr><td colspan="3">Need for: Play therapy ☐ School ☐</td></tr>
<tr><td>How many in the family members will accompany the child to Uppsala?</td><td>Will siblings come along to Uppsala: Yes ☐ No ☐</td><td>If yes, what age?</td></tr>
<tr><td colspan="2">Need for interpreter: Yes ☐ No ☐</td><td>Language:</td></tr>
<tr><td colspan="3">Referral signature:</td></tr>
<tr><td colspan="3">Printed name:</td></tr>
<tr><td colspan="2">Referral´s phone number:</td><td>Referral´s e-mail address:</td></tr>
<tr><td colspan="2">Date:</td><td>Submit medical files.</td></tr>
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Send to: Uppsala Care uppsala.care@akademiska.se