

## Haematology/ Oncology Outcome form

Today's date:

Check out time:

RTT – Please select **ONE** option

Attach patient label here

Stop	30	First Treatment	
N/A	90	Treatment already given	
Stop	31	Active monitoring – Patient initiated	
N/A	91	Active monitoring continues	
Continue	20	Refer for diagnostics/assessments	
Start	11	Decide to treat after active monitoring	
Start	11	End active monitoring – Add to waitlist	
Stop	32	Active monitoring – Hospital initiated	
Stop	34	Discharge – Hosp decision not to treat	
Stop	35	Discharge – Patient declined treatment	
Continue	20	Not yet treated	
Continue	20	Add to waiting list	
Continue	20	Patient admitted from clinic	
Continue	21	Transfer to another trust – same condition	
N/A	92	Diagnostics only	
N/A	98	Activity not applicable to treat period	
N/A	99	Not yet known	

Discharge - Yes (please circle)

Follow up in .....weeks / months

Follow up with..... (cons initials)

Radiology Required Before Next Appt ☐

CT ☐ MRI ☐ U/S ☐ Other ☐.....

Bloods: GP ☐ RUH (on arrival) ☐

Patient on Oral Chemotherapy ☐

Pharmacist (Monday) ☐ Nurse Led (Friday) ☐

Consent ☐ 30 Minutes ☐ 60 Minutes ☐

**PLEASE HAND TO RECEPTION BEFORE LEAVING THE DEPARTMENT**

.....

## Haematology/ Oncology Outcome form

Today's date:

Check out time:

RTT – Please select **ONE** option

Attach patient label here

Stop	30	First Treatment	
N/A	90	Treatment already given	
Stop	31	Active monitoring – Patient initiated	
N/A	91	Active monitoring continues	
Continue	20	Refer for diagnostics/assessments	
Start	11	Decide to treat after active monitoring	
Start	11	End active monitoring – Add to waitlist	
Stop	32	Active monitoring – Hospital initiated	
Stop	34	Discharge – Hosp decision not to treat	
Stop	35	Discharge – Patient declined treatment	
Continue	20	Not yet treated	
Continue	20	Add to waiting list	
Continue	20	Patient admitted from clinic	
Continue	21	Transfer to another trust – same condition	
N/A	92	Diagnostics only	
N/A	98	Activity not applicable to treat period	
N/A	99	Not yet known	

Discharge - Yes (please circle)

Follow up in .....weeks / months

Follow up with..... (cons initials)

Radiology Required Before Next Appt ☐

CT ☐ MRI ☐ U/S ☐ Other ☐.....

Bloods: GP ☐ RUH (on arrival) ☐

Patient on Oral Chemotherapy ☐

Pharmacist (Monday) ☐ Nurse Led (Friday) ☐

Consent ☐ 30 Minutes ☐ 60 Minutes ☐

**PLEASE HAND TO RECEPTION BEFORE LEAVING THE DEPARTMENT**

.....

