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| IO Toxicity Follow-up Referral Form(Once complete please send to ccf-tr.Iotox-referral@nhs.net and copy into Meditech) |
| Date of referral |  |
| Area of referral |  |
| Name and contact number of referrer  |  |
| Patient name |  |
| CB number |  |
| Consultant |  |
| Primary tumour |  |
| IO therapy and indication (palliative/maintenance/adjuvant) |  |
| Toxicity presenting with (type and grade) |  |
| History of toxicity and current status (symptoms/bloods) |  |
| Current toxicity treatment (and if on steroids planned date of first weaning step) |  |
| Date of planned discharge (If current inpatient) |  |
| Place and date of next blood test |  |

September 2020