

腦轉移瘤基金評估表

參考編號: _____

日期: _____

A. 病人個人資料

英文姓名:			
中文姓名:		身份証號碼:	
出生日期:	年 月 日	性別:	* 男 / 女
婚姻狀況:	* 單身 / 已婚 / 離婚 / 寡婦 / 鰥夫		
居住地址:			
聯絡電話:	(住宅)	(手提)	(其他)
工作職位:			
公司名稱:			
月薪:			
推薦人:	* 自薦 / 私家醫生 / 政府醫生 / 非牟利慈善團體		
推薦人資料:			

家庭成員資料

與病人關係	姓名	性別	年齡	婚姻狀況	每月支付家用

其他:

.....

Patient's Name: _____

Ref. No.: _____

B. 財務評估

收入	金額 (港幣)
家庭每月總收入	
流動支金	
股票、股份等收入	
總額:	

開支	金額 (港幣)
每月住宿 (按揭 / 租金)	
子女教育	
老人護理	
其他	
總額:	

1. 請簡略說明你目前的財務狀況以及你將面臨難以支付的治療費用： _____

2. 你是否有購買個人醫療保險並可承擔部分治療費用？ _____

3. 是否有尋求其他組織、慈善機構或基金支持你的醫療費用？（是/否）
如有，請詳述 _____
4. 你是否有領取社會福利？如有，請提供資料。
(綜援/其他 _____) 檔案編號. _____

聲明: 我確認以上所提供的資料均屬實無訛，並同意由伽瑪刀中心作出評估是否符合申請腦轉移瘤基金計劃的資助。對所有結果均不得提出異議。

* 申請人 / 監護人 / 委託人 簽名

* 見證人姓名及簽名

Patient's Name: _____

Ref. No.: _____

C. To be completed by referring Doctor

Diagnosis	Brain Metastasis
Date of diagnosis of Brain Lesion(s)	
No. of Brain Met	
Locations	
Previous Treatment to Brain Met (specify if any)	RT / Chemotherapy / Operation / Others
Primary lesion	
Any Extra-cranial Met (specify if any)	
Previous Treatment to Primary Lesion / Other Extra-cranial Lesions (specify if any)	RT / Chemotherapy / Operation / Others
Presenting Symptoms	
Clinical Status	
Karnofsky Scale	
Comments from Referring Doctor	

Referring Doctor Name: _____

Address: _____

Contact No.: _____ Signature: _____

**** End of Assessment ****

(For Official Use Only)
BrainMet Fund Granted

Patial Amount: _____

Fully

Approved by: _____

Date _____

The Karnofsky Performance Scale Index allows patients to be classified as to their functional impairment. This can be used to compare effectiveness of different therapies and to assess the prognosis in individual patients. The lower the Karnofsky score, the worse the survival for most serious illnesses.

KARNOFSKY PERFORMANCE STATUS SCALE DEFINITIONS RATING (%) CRITERIA

Able to carry on normal activity and to work; no special care needed.	100	Normal no complaints; no evidence of disease.
	90	Able to carry on normal activity; minor signs or symptoms of disease.
	80	Normal activity with effort; some signs or symptoms of disease.
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.	70	Cares for self; unable to carry on normal activity or to do active work.
	60	Requires occasional assistance, but is able to care for most of his personal needs.
	50	Requires considerable assistance and frequent medical care.
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	40	Disabled; requires special care and assistance.
	30	Severely disabled; hospital admission is indicated although death not imminent.
	20	Very sick; hospital admission necessary; active supportive treatment necessary.
	10	Moribund; fatal processes progressing rapidly.
	0	Dead

References:

- Crooks, V, Waller S, et al. The use of the Karnofsky Performance Scale in determining outcomes and risk in geriatric outpatients. *J Gerontol.* 1991; 46: M139-M144.
- de Haan R, Aaronson A, et al. Measuring quality of life in stroke. *Stroke.* 1993; 24:320- 327.
- Hollen PJ, Gralla RJ, et al. Measurement of quality of life in patients with lung cancer in multicenter trials of new therapies. *Cancer.* 1994; 73: 2087-2098.
- O'Toole DM, Golden AM. Evaluating cancer patients for rehabilitation potential. *West J Med.* 1991; 155:384-387.
- Oxford Textbook of Palliative Medicine, Oxford University Press. 1993;109.
- Schag CC, Heinrich RL, Ganz PA. Karnofsky performance status revisited: Reliability, validity, and guidelines. *J Clin Oncology.* 1984; 2:187-193.