



Universitätsklinik für
Allg., Viszeral- und Transplantationschirurgie
AG PIPAC, z. H. Verena Schlaich
Hoppe-Seyler-Str. 3
72076 Tübingen

Registration form for intraperitoneal therapy (PIPAC)

Thank you for your interest in our therapeutic offer!

We would like to ask you to complete the three pages of this form so that we can precisely classify and quickly process your case. You can do this also digitally, e.g. using the free Adobe Reader get.adobe.com/reader/.

Otherwise, print the form, fill it in manually, and send it
by fax to ++49 (0)7071 29-25263 or by post to the above address.

Please answer as many fields as possible.

After reviewing your data, we will contact you soon for further action.

Personal data

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Mrs. / Mr</i>	<i>academic title</i>	<i>first name</i>	<i>surname</i>

street

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>country</i>	<i>post code / zip</i>	<i>town / city</i>

e-mail (please ensure correct spelling)

<input type="text"/>	<input type="text"/>
<i>full date of birth (yyyy-mm-dd)</i>	<i>health insurance status (statutory, private, both)</i>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>telephone number (if necessary intern. code)</i>	<i>availability (e. g. weekdays, daytimes)</i>	

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>alternative phone (e. g. mobile)</i>	<i>availability (e. g. weekdays, daytimes)</i>	

Disease pattern

location of primary tumor (organ)

month / year of initial diagnosis

TNM tumor status ...T... ..BN... ..M... G... L... V... R...(find this information in your doctor's report)

Peritoneal metastasis:

from the beginning OR at a later time discovered

Histologic examination:

is available OR is missing

Date of latest CT or MRT (month / year)

Other metastasis:

none

liver

lung

bone

other location:

Abdominal fluid (ascites):

yes

no

Previous oncological surgery

when? (month / year)

type of surgery?

Previous chemotherapy

1st line

2nd line

3rd line

what? (medication)

from (month / year)

until (month / year)

Present state of health

cm
body height

kg
body weight

Karnofsky-Index:

- 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*
- 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 their personal needs*
- 50% – requires considerable assistance and frequent medical care*
- 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*

Do you require artificial feeding?

- no
- yes, but I still can eat % of my daily nutritional need

Weight loss during the last 3 months:

- none / weight gain
- less than 5kg
- 5kg - 10kg
- more than 10kg

free text field for remarks, questions and special requests

Thank you for completing this form!

If you intend to send this form via e-mail, remember that unencrypted e-mails could be read by unauthorized persons. The following link ensures the correct recipient:
pipac@med.uni-tuebingen.de .