

CARCINOMA OF THE PENIS



Request Information

Family name

Given name(s)

Date of birth

Date of request

Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Requesting doctor - name and contact details

Copy to doctor
name and contact details

Indigenous Status

- Aboriginal but not Torres Strait Islander origin
- Torres Strait Islander but not Aboriginal origin
- Both Aboriginal and Torres Strait Islander origin
- Neither Aboriginal nor Torres Strait Islander origin
- Not stated/inadequately described

CLINICAL INFORMATION

OPERATIVE FINDINGS

NATURE OF THE OPERATION

- Partial penectomy
- Radical penectomy
- Glansctomy
- Lymphadenectomy
- Sentinel
- Circumcision
- Incisional/punch bx
- Excisional biopsy
- Urethrectomy

Sentinel

Left, no of site(s)

Right no of site(s)

Inguinal

Left

Right

Pelvic

Left, specify site(s)

Right, specify site(s)

Other, specify

Left, specify site(s)

Right, specify site(s)

Other, specify laterality and site(s)

NEW PRIMARY LESION OR RECURRENCE

- New primary
- Recurrence - regional, *describe*

- Recurrence - distant, *describe*

PRINCIPAL CLINICIAN

OTHER COMMENT