

Part 2 - Clinical features

12 Clinical features which indicate a severe progressive condition

For example: rate of progression, recurrence, staging, tumour markers, bulbar involvement, end-stage disease etc.

Stage 4 disease progression
CKD

Part 3 - Treatment

13 Give details of relevant past or current treatment, its purpose and any response seen

For example: treatment may be ongoing, palliative or symptom control/ psychosocial only.

Palliative immunotherapy is being given

Declaration

14 The person named above is my patient. This is a full report of their condition and treatment. I have read and understood the notes attached to this form and I am satisfied that the form is appropriate. I am the patient's:

☐ General Practitioner

☐ Consultant

☒ Other, specify below

SKIN CANCER CNS

15 Your signature

K. Peters

16 Your name

KERRY PETERS

17 Your GMC/NMC number

15H1336E

18 Phone number

01522 573712

19 Address

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20 Date

DD/MM/YYYY

06/02/2024