



RFA - Intraoperative Data Collection Sheet

Patient History Data

Please fax to (216) 445-7653

_____ **First Name** _____ **Last Name** _____ **MI**

Date of Birth

Gender

Male

Female

_____ **Month** _____ **Day** _____ **Year**

Primary Tumor

Date of primary Diagnosis

_____ **Month** _____ **Day** _____ **Year**

Date of Liver Metastases Diagnosis

_____ **Month** _____ **Day** _____ **Year**

Previous Treatment

Surgery _____

please specify

Chemotherapy

Radiation

Chemoembolization

Other

please specify

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Other medical diagnosis

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Why not resectable?

Multifocal metastasis

Extrahepatic disease

Compromised liver function

Medical contraindication

Other

| please specify
