



## **PATIENT'S PERSONAL RECORD**

### **DATE OF FIRST CONTACT WITH GLI'HOPE:**

#### **IDENTITY OF THE PATIENT :**

- Last Name :
- First Name :
- Date of Birth :
- Address :
- Country :
- Phone Number :
- Email :

#### **IMPORTANT CONTACTS :**

- Emergency contact and relationship to patient :
- Treating Doctor :
- original medical institution :
- Current treatment administrated :
- Neuro-oncologist :
- Neuro-surgeon :

#### **MEDICAL INFORMATION :**

- Date diagnosed :
- Tumor identification :
- known mutations :
- MRI :
- Did the patient have a surgical procedure ?:
- If yes, was it a biopsy or an excision ? :
- Pathological Report ::
- Molecular Biological report :

### **HOW DID THE PATIENT HEAR ABOUT GLI'HOPE ?**

### **AUTHORIZATION TO REVIEW MEDICAL REPORTS :**

I ..... authorize Gli'Hope to transmit my medical documents to doctors and consultants of the association. I also waive any right to file a complaint against Gli'hope for all advice on proposed treatments given by Gli'hope.