



Sydney Neuro-Oncology Group

Welcome to S.N.O.G

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This page has been prepared to let you document details of your diagnosis and treatment. Ask your doctor to help you complete this form for your own record.

DIAGNOSIS

Name of tumour?

In which part of the brain is the tumour situated?

What specialised functions are located in this part of the brain?

How benign or malignant is the tumour?

Is this a primary brain tumour?

Is this a secondary tumour and in which part of the body is the original cancer?

What is the date of diagnosis?

NEUROSURGEON

Name: _____

Phone number: _____

Next appointment: _____

MEDICAL PRACTITIONER

Name: _____

Phone number: _____

Next appointment: _____

RADIATION ONCOLOGIST

Name: _____

Phone number: _____

Next appointment: _____

MEDICAL ONCOLOGIST

Name: _____

Phone number: _____

Next appointment: _____