

UCSF Grand Rounds Intake Form



Requesting Physician Information

Name: _____ Phone number: _____

Office Address: _____ Fax number: _____

_____ Email address: _____

Will **YOU** be at Grand Rounds to present this patient? Yes No

Is this patient being presented: In person Photographs only **** if via photographs, please attach photos to this document

What date/dates would you like this patient to be seen in Grand Rounds? 1st choice: _____ (Date)

2nd choice: _____ (Date)

Does this patient have pathology that needs to be reviewed and presented? Yes No

Are the pathology slides already at UCSF? Yes No

If slides are not at UCSF, please request they be sent to UCSF Dermatopathology. Allow 1.5-2 weeks for slide retrieval (form online)

Patient Information

Name (last, first): _____ Date of birth/Age: _____

Address: _____ Telephone Number(s): _____

History (include prior treatments and responses to treatment, PMH, labs, microbiology, any relevant pathology):

What specific questions would you like to have answered? (e.g., diagnosis, treatment, further work-up)

- 1.
- 2.
- 3.

Please fax this form to the UCSF Dermatology Academic Office: **415-353-7850**, Attention: **Grand Rounds Coordinator** or email with this form attached to: dermgrandrounds@ucsf.edu. **Forms due by 5 PM the Friday before the patient is being presented.**