

BARTS AND LONDON HPB MDT REFERRAL FORM

As referrer I am aware that only a fully completed referral of all relevant information will be discussed and that the deadline is Monday 17:00 for discussion on Wednesday.

The current referral is sent either:

- From an **nhs.net** address to Sabbir Ahmed (sabbir.ahmed2@nhs.net)
- Please copy in (BHNT.2WWappointmentsbartshealthBLT@nhs.net)

Please write text directly into the table or mark with "X" the selected option

Patient Surname		Site Royal London	Priority:	
Patient first name		Referring Hospital		
		If others		
Date of Birth		Referring consultant		
NHS number		Referring consultant email		
Patient address		Nominated keyworker/CNS and contact information		
Contact no.				
GP name and address		Referred presenting:	On site at RLH	
			Video link	
Referral to:	Team:	Tumour Type		
	Surgeon:			
Accommodation status (independent/ home, sheltered housing, special requirements)		WHO Performance status		
		<i>0 – Fully active</i> <i>1 – no heavy work, do anything else</i> <i>2 – up > half day</i> <i>3 – in bed/chair > half day – needs help</i> <i>4 – in bed/chair > half day – needs lots of help</i>		
Original referral date (clock start)		Breach date		



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Exact question being asked to the MDT (i.e. surgery, chemo, radiotherapy, diagnostic tests, second opinion, consultation review)					
			Please specify		
Clinical information (max 50 words, only relevant information in bullet points):					
Co-morbidities (max 20 words, only relevant information in bullet points)					
Outcome and date of previous MDT discussions (max 50 words, only relevant information in bullet points):					
Clinical information / investigations / management timeline					
Investigation type (US/CT/etc.)	Date of investigation	Imaging Electronic Portal (IEP) sent (Yes/No)	Date IEP sent	Biopsies taken	Biopsies reported
Management plan					
Has a management plan already decided?	Yes – for ratification		Is the patient aware of the diagnosis?		
	No – for discussion		Is the patient aware of the referral?		
Investigations to be attached:					
<ul style="list-style-type: none"> • Histology reports • Liver function tests • Tumour Markers 			<ul style="list-style-type: none"> • INR results (essential for all IR procedures and EUS) • Reports summary of cross sectional imaging 		

For Colorectal liver mets only

Cancer diagnosis date		Screening Detected	
Primary site		K-ras status	
Stage	T N M		
Primary in-situ			
If primary in-situ, go to blood test			
Primary Surgery date		Surgical approach	
Histological staging	T N M	Differentiation	
No. of +ve nodes	/	Vascular invasion	



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Blood tests			
CEA		ng/ml	Hb
			g/dl
Chemotherapy			
Start date		Finish date	
Planned no. of cycles		Drug regime	
Site of metastases			
Liver		Lung	
Lymph node		Others	

For HCC only

Aeitiology	Hep B		Hep C		Alcohol	
	Patient currently abstinent from alcohol?					
Stage	Platelets count			Cirrhosis		
	Varices			Splenomegal		
Childs Pugh Score		Acsites				
(all with dates please)	Bil		Albumin		INR	
	Encephalopathy				AFP	
Tumour biopsy report (if done)						

Form preparation by	
Date form prepared	

MDT Outcome

Date	
Outcome / Plan	
Consultant	

