

**PATIENT FOR DISCUSSION AT BONE AND SOFT TISSUE TUMOUR MDT MEETING**

Please ensure all sections of the proforma are completed

**External referrals -** **tnu-tr.sarcomamdt@nhs.net** **(you must include a referral letter)**

Internal referrals - **tnu-tr.sarcomamdt@nhs.net**

**The deadline for adding patient’s onto the MDT is 1pm Wednesday.**

Please note, if the proforma has not been filled in with enough detail it will be returned to the referrer.

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| **Is there a suspicion of Cancer?** | Choose an item. |
| **Does this patient already have a decision to treat?** | Choose an item. |
| **Has this patient already received their first treatment for cancer?** | Choose an item. |
| **Is the patient also being discussed at another MDT meeting?** | Choose an item. |
| **Primary Bone Tumour** | Choose an item. |
| **Primary Soft Tissue Tumour** | Choose an item. |
| **Date patient to be discussed:****The MDT is held weekly on a Friday**  | Click here to enter a date. |
| **Patients Name:**  | Click here to enter text. |
| **Date of birth** | Click here to enter text. |
| **NHS number / NUTH Hospital Number:** | Click here to enter text. |
| **Consultant:**  | Click here to enter text. |
| **2 Week Wait?**  | Choose an item. | **Target date:** | Click here to enter a date. |
| **WHO Performance Status**  | Choose an item. |
| **Diagnosis:** | Click here to enter text. | **Diagnosis date:** | Click here to enter a date. |
| **Please tick which section patient should be listed:**Please only tick 1 section, if a patient has never been discussed previously tick ‘New Referral’ | **New Referral** |
| **Clinical History****Please also attach latest clinic letter.****Retroperitoneal tumours for which a germ cell tumour is a possibility must have the relevant tumour markers performed.** | Click here to enter text. |
| **Patient preferences, patient understanding and relevant social issues that may influence treatment options.**  | Click here to enter text. |
| **RADIOLOGY TO BE REVIEWED AT MDT:**Please advise what imaging, when and where it is from.**ONLY COMPLETE FOR RADIOLOGY TO BE REVIEWED IN MDT** | Click here to enter text. |
| **HISTOLOGY TO BE REVIEWED AT MDT:** Please advise what histology, when and where it is from.**ONLY COMPLETE FOR HISTOLOGY TO BE REVIEWED IN MDT** | Click here to enter text. |
| **Question for MDT:** (Give details of the question for the MDT meeting, why the patient needs to be discussed) | Click here to enter text. |
| **Name of person completing form** | Click here to enter text. | **Tel Number** | Click here to enter text. |
| **Email address for outcomes to be sent (nhs.net is preferred for security reasons)** | Click here to enter text. |