

**Orthopaedic Oncology - Metastatic Bone Disease Referral**

**All referrals to be e-mailed to –** nuth.mbdreferral@nhs.net

Please include a referral letter or recent clinic letter.

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

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| --- | --- |
| **Patient name** | Click here to enter text. |
| **DOB** | Click here to enter text. | **NHS number** | Click here to enter text. |
| **Consultant** | Click here to enter text. | **Hospital number** | Click here to enter text. |
| **Patient location****Outpatient/Inpatient (which hospital)** | Click here to enter text. |
| **Question/Reason for referral** | Click here to enter text. |
| **Primary disease if known** **Please state how the diagnosis was made (e.g. on histology, radiologically, etc)**  | Click here to enter text. |
| **WHO performance status** | Choose an item. |
| **Prognosis**  | Choose estimate. | **ASA Grade** | Choose an item. |
| **Current or previous chemotherapy or radiotherapy?****Please state type of treatment and when it was received.** | Click here to enter text. |
| **Clinical assessment** **If applicable please attach recent clinic letter** | Click here to enter text. |
| **Mirel’s score if known** | Choose an item. |
| **Past medical history** | Click here to enter text. |
| **Anticoagulation or antiplatelet treatment?** | Click here to enter text. |
| **Patient preferences, patient understanding and relevant social issues that may influence treatment**  | Click here to enter text. |
| **Radiology to be reviewed****Please advise what imaging has been performed and ensure it is transferred to Newcastle Hospitals PACS** | Click here to enter text. |
| Regional XRs performed?Regional CT performed? Regional MRI performed?Recent systemic staging performed? | Choose an item. Choose an item. Choose an item.Choose an item. |
| **Investigations/Observations** | Blood WCC?  | Blood Sodium? | Heart Rate? |
| **Name of person completing form** | Click here to enter text. |
| **E-mail address****For security nhs.net is preferred** | Click here to enter text. | **Telephone number** | Click here to enter text. |