

**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. | |