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| **Neuroscience Spinal MDT Referral Form v1**

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|  | **PLEASE COMPLETE FULLY THIS REFERRAL FORM FOR ALL PATIENTS.****PATIENTS WILL NOT BE PLACED ON THE MDT LIST WITHOUT A COMPLETED FORM.****SEND COMPLETED REFERRAL FROM TO** **uhsussex.brightonneurocancermdmcoordinator@nhs.net** |

 |
| **Patient Details**  |
| Forename |  | Consultant |  |
| Surname |  | Hospital | Choose an item. |
| Date of Birth |  | IP/OP/Location |  |
| Age |  | NHS/Hospital number |  |
| **Presentation (including neurological symptoms and signs):** |
| **Relevant Co-Morbidities** (including any H/O cancer): |
| **Prognosis:** |
| **Previous spinal RT:** Choose an item.**Dates & levels treated:** |
| **Current systemic anti cancer therapy:**  |
| **Medication:** Antiplatelets/Anticoagulants (Indication)Choose an item. Other:Anticonvulsants:Steroid/dose: Other relevant medications: |
| **WHO Performance status** : Choose an item. |
| **Tokuhashi Score (see next page for details):** |
| **Radiology / Investigations** |
| CT Scan Choose an item.  | Date: |
| MRI Scan Choose an item. | Date: |
| CTCAP/PET Choose an item.  | Date: |
| **Questions for MDT?** |
|  |
| Referred to the MDT by:Email Address of referrer |  | Date of referral: |  |
| Email address MDT outcome to be sent to (if different): |  |  |  |

