

SUSSEX SABR MDT Referral Form V1

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.sabrcancermdmcoordinator@nhs.net

| | | | |
|---|--|----------------------------|--|
| Patient Name: | | Patient's main Consultant: | |
| Date of Birth: | | Hospital: | |
| Name and grade of referrer: | | NHS number | |
| | | Hospital Number | |
| Question for SABR MDM: | | | |
| Indication for SABR (select as appropriate): | | | |
| Primary lung cancer. | | Other | |
| Metachronous Oligometastatic disease (ie development metastatic disease at least 6 months after definitive treatment of primary with no more than 3 sites of metastatic disease). | | | |
| Cancer diagnosis and staging: | | | |
| Biopsy of target lesion performed? Biopsy date and result: | | | |
| Herder Score (if lung tumour without biopsy): | | | |
| Demonstration of growth if no biopsy? | | | |
| Relevant Oncological History: | | | |
| Relevant co-morbidities: | | | |
| Interstitial Lung Disease? Inflammatory Bowel Disease? Pacemaker or Implantable Cardiac Device? | | | |
| Has patient been discussed in relevant site-specific MDT? Which site-specific oncologist has case been discussed with? | | | |
| Previous Radiotherapy? Please provide dates and details: | | | |

| | | | |
|--|--|-------------------|--|
| Lung Function (date and results): | | | |
| Screen detected cancer? (for primary lung cancer): | | | |
| WHO Performance status : | | | |
| Is patient aware of referral?: | | | |
| Latest Radiology / Investigations (where relevant): | | | |
| CT Scan | | Date: | |
| Cranial imaging | | Date: | |
| PET Scan | | Date: | |
| MRI scan: | | Date: | |
| Referred to the MDT by: Email Address of referrer | | Date of referral: | |
| Email address MDT outcome to be sent to (if different): | | | |