Building healthier lives

NHS
University Hospitals Birmingham
NHS Foundation Trust

URO-ONCOLOGY MDT Referral Proforma - **PROSTATE**

Patient Name: QEHB/NHS Number: D.O.B:

Patient Address: Patient Tel No: GP:

Referring Hospital: Referring Consultant: CNS:

Referrer Email: Referrer phone number:

Referral to QEHB Consultant: Yes No Name:

CWT TARGET DATE: 2WW UPGRADE

Clinical Details: (Include prior treatment, radiology, histology and PMH):

Performance Status: BMI:

Significant Comorbidities:

Question for MDT:

Is referral for treatment: or MDT discussion only:

DIAGNOSIS: DATE:

PSA: DATE:

DRE: DATE:

HISTOLOGY: Location: Date:

CT SCAN: Location: Date:

MRI: Location: Date:

BONE SCAN: Location: Date:

CHOLINE PET: Location: Date:

Ensure all histology slides/reports and imaging films/reports are sent with the referral.

Other:

Date Patient agreed to transfer to QEHB:

Send completed referral form to UHB-tr.CancerTertiaries@NHS.net

Please note cut off time for inclusion in MDT is Wednesday 12:00hrs

Incomplete forms will result in delays to the patient pathway. Referral will be accepted when all essential information is received.