All-Wales MDTM Referral Proforma

***Note**: This proforma can be adapted as necessary to meet the needs of specific MDTMs*

Please complete proforma fully and submit to your MDT Co-ordinator at least 48 hours in advance of the scheduled MDTM. If there is any information missing, the proforma may be rejected and returned to the referrer for further information. For any urgent or emergency cases, or any queries, please contact the named MDT Lead (reference your MDTM Terms of Reference document if unsure)

Name & Date of MDTM:					Referring Clinician:		
Type of Referral		New Patient		Follow Up	Responsible Clinician:		
					Key Worker:		
Patient Name:					Date of Birth:		Click or tap to enter a date.
NHS Number:					Hospital Number:		
Does this patient have a diagnosis?		Yes		No	If yes, state the diagnosis and current TNM staging at the time of discussion:		
Clinical Question for Discussion:							
Relevant Clinical History (inc. details of previous treatment):							
Radiology Review Required:		Yes		No	If yes, please specify which scan type(s) & date(s):		
Pathology Review Required:		Yes		No	If yes, please specify surgery +/- biopsies& date(s):		
Named Professional that has met the patient:					Has the patient expressed any wishes regarding potential treatment?		
AHP/Additional Clinician Input Required:		Yes		No	If yes, please specify which AHP(s)/clinician(s) input is needed:		
WHO Performance Status:	Choose an item.				Rockwood Frailty Score:	Choose an item.	
Co-Morbidities:							
Is the patient aware of their diagnosis?		Yes		No	Has the patient received a palliative care referral?		Yes		No
Additional Comments:					Is this patient potentially eligible for a clinical trial? (If yes, please state):		
Completed by:					Date:		