

Referral Form to the Brain / CNS MDT at Hull Royal Infirmary
Every Acute Referral must be discussed with the On-call Neurosurgical Registrar

REFERRER DETAILS				
Name of referrer, ward and hospital				
Consultant & Speciality				
Date of referral				
Referrer's contact details (required to provide feedback)		Phone No		
		Fax No		
		Email		
Neurosurgeon referred to & Neurosurgical Registrar on call				
CLINICAL DETAILS				
Patient Name (forename, surname)				
Date of birth and age				Male/ Female:
NHS Number/HEY Number (obligatory)				
Location of patient				
Primary/Secondary or Unknown				
If secondary tumour then: Name of oncologist dealing with primary - Dr				
Prognosis for primary (include median survival)		Status of staging work up		Is the primary controlled?
Imaging on (tick as appropriate)	HEY PACS		Centricity	
	NLAG PACS		CD	
Date of imaging				
<p>History of Presenting</p> <p>Illness:- Past History/</p> <p>Medications:-</p> <p>Right/Left handed :- Neurological Status :-</p> <p>Patient's wishes/concerns/views (if known) :-</p>				
WHO Performance status (tick appropriate box)				
0	Normal activity			
1	Symptoms demonstrated, but patient remains ambulatory, and able to perform self-care			
2	Ambulatory >50% of the time and requires occasional assistance			
3	Ambulatory <50% of the time and requires nursing care			
4	Bedridden			

Please send to:

Tracey Beckett, Brain / CNS MDT Administrator
Alderson House, Hull Royal Infirmary, Anlaby Road, Hull, HU3 2JZ
Email: tracey.beckett@nhs.net | HullNeuroOncology@nhs.net

The form and imaging MUST be received by midday Thursday for the case to be discussed in same week Friday MDT.