# REQUEST FOR DISCUSSION AT NEURO ONCOLOGY MDT MEETING

Tuesday 8.30 - 10.30 a.m. , MDT room, Neuroradiology Level, West Wing JR John Radcliffe Hospital, Headley Way, Headington, Oxford OX3 9DU

**Please note that this MDT is held on a Tuesday Morning from 8:30-10:30am. The final cut off for additions is 12pm on the previous Friday. Please complete all the fields below. If you have any letters/ scan reports etc. that you think will be of use please can you ensure that they are forwarded to the MDT Coordinator. Without sufficient information (scans, reports, and letters) and a fully completed form your patient will not be discussed.**

**IT IS THE RESPONSIBILY OF THE REFERING CLINICIANS TO COMMUNICATE THE OUTCOME TO THE PATIENT**

ALL FIELDS ARE MANDATORY

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| **Patient Details**  | **Hospital Details**  |
| Surname:  | Referring Hospital:  |
| Forename:  | Your Name:  |
| Date of Birth:  | Your Designation:  |
| NHS Number:  | Your email:  |
| Address:  | Bleep/Mobile:  |
| Postcode:  | Referring Consultant: FULL NAME MUST BE INCLUDED\* |
| Telephone: | Consultant Email:  |
| GP Name:  | Neurosurgery On-Call Referral:  |
| GP Address:  | Registrar/Consultant you spoke to: Date:  |
| Patient Current Location:Hospital: Ward: Home: | Oncologist: Date referral completed: |

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| **Brief and Relevant Clinical Details** |
| **Specification question for the MDT\*:** **Is the patient aware of referral to the Neuro-Oncology MDT?: Y / N**  |
| **Clinical History\*(** **MUST** include presenting condition; GCS; short past medical history ; focal neurodeficits; any malignancy)Background:**Previous cranial radiotherapy or SRS/gamma knife? Dates and site irradiated:** |
| **Oncology Status (**Including previous cancer diagnosis, treatment dates, all cancer cases must have recent systemic staging with CT or PET CT, see below**)****Prognosis for patients with brain metastases (By the Primary Tumour site Oncologist)\*:** **For Metastasis please also Refer to primary Tumour site MDT\*** |
| **Steroids Administration:** | **Anticoagulant:**  |
| Date commenced: Dose: Response: | Dose: Date last dose:  |
| **Current Performance Status\*** (WHO scaling, highlight the appropriate status)  0 1 2 3 4 Date of assessment: 0 = fully active, able to carry on all pre-disease performance without restriction1 = Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work2 = Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours3 = Capable of only limited self-care, confined to bed or chair more than 50% of waking hours4 = Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair |

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| **Imaging and Other relevant Investigations** |
| **CT Head\*** (**MUST** have report) | **MRI Head\*** (**MUST** have report) PATIENTS MUST HAVE AN UP-TO-DATE MRI WITH GADOLINIUM IN ORDER TO BE DISCUSSED |
| Report: Date: | Report: Date:  |
| **CT CAP\*** (**MUST** have report for suspected brain metastases patients only in the last 4 weeks) | **Other Scans** |
| Report:  Date: | Report:  Date:  |
| Additional Information that will be useful to the MDT: |

**Please send this completed form to the Neuro oncology MDT coordinator by**

**Email:** **Neuro-Oncology.mdt@nhs.net** **NB: We are no longer accepting faxes; all information is to be sent to the email provided.**

***The Neuro-Oncology MDT Co-ordinator is contactable on 01865 227344.***