**Oxford Neurovascular MDT Meeting Referral form and Response Form**

[ ]  **Referral** [ ]  **Re-Referral** *(Please tick the correct option)* **Date of Referral:** Date

**For the referral to be accepted certain requirements will be needed:**

1. The referral form needs to be completed in full.
2. Unfortunately, direct GP referrals cannot be accepted. GPs, please refer to Neurology/Neurosurgery as appropriate.
3. All relevant imaging necessary for the discussion needs to be transferred.
4. A contact email address is required for an outcome to be sent back.
5. Please only complete the form digitally – do not print or write.
6. If all the above requirements are not met, unfortunately the referral will be rejected and returned to you.

**IS THE PATIENT AWARE OF THE ANEURYSM / AVM / FISTULA:** [ ]  **YES** [ ]  **NO**

**Email to send the referral form to:** **neurovascular-mdt@ouh.nhs.uk**

**NVMDT co-ordinator telephone number: 01865 234387**

**Patient details** *(all boxes need to be completed, for referral to be accepted)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Patients Name | Click to enter name | DOB | date | Age | Enter age |
| NHS | Enter NHS number | Referring Consultant | Referring consultant name, No GP referrals  |
| Referring hospital | Hospital name | Email | Email we should respond to |

**Patient information** *(all boxes need to be completed, for referral to be accepted)*

|  |  |
| --- | --- |
| Presentation/History | Click or tap here to enter text. |
| Premorbid Function | Click or tap here to enter text. |
| Comorbidities | Click or tap here to enter text. |
| Medications | Click or tap here to enter text. |
| Allergies | Click or tap here to enter text. |
| Smoking Status | Click or tap here to enter text. |

**Imaging** *(all imaging needs to be transferred, vascular imaging needed for referral to be accepted)*

|  |  |
| --- | --- |
| Scan (ex. CT intracranial, MRI head, etc)  | Click or tap to enter the date the examination was done |
| Scan (ex. CT intracranial, MRI head, etc)  | Click or tap to enter the date the examination was done |
| Scan (ex. CT intracranial, MRI head, etc)  | Click or tap to enter the date the examination was done |
| Scan (ex. CT intracranial, MRI head, etc)  | Click or tap to enter the date the examination was done |
| Scan (ex. CT intracranial, MRI head, etc)  | Click or tap to enter the date the examination was done |
| Scan (ex. CT intracranial, MRI head, etc)  | Click or tap to enter the date the examination was done |

**Question**

|  |
| --- |
| Question/s you have for the MDT team  |

**NVMDT Outcome** Date of MDT

|  |
| --- |
| Outcome from the discussion at the NVMDT  |