

Urology MDT Request Form

Please complete this form to request a patient for discussion and return it by 12pm on Wednesday to the MDT coordinator at the following email address:

MDTUrology@ouh.nhs.uk

**If we don’t have sufficient information, your patient may not be discussed.**

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| --- | --- |
| **Patient details** | Name: DOB: MRN: NHS no: Referring consultant / key worker: Consultant in charge of patient: |
| **Tumour sitePlease circle / highlight** | **KIDNEY - URETER - BLADDER - PROSTATE** |
| **Patient history and presenting symptoms** | **PSA: DRE:** |
| **Co-morbidities / performance status** |  |
| **Specific question for the MDT** |  |
| **Radiology to be reviewed? If so, provide details.** |  |
| **Histology to be reviewed? If so, provide details.** |  |
| **Is patient aware of potential diagnosis?** |  |