g.garcea 2.4

University Hospitals of Leicester NHS
NHS Trust

Unit No:
Surname:
First Name:
Address:
DOB:
GP:
Practice Number:
Patient Contact Number:

MDT REFERRAL

☎ **Fax Number:** **0116 258 4708**

Age	Male / Female
Interpreter Needed	Yes / No

Referring Doctor:

Referring Centre:

Diagnosis: *(Tick Box)*

Pancreatic or Distal Cholangio		Ampullary		Hepatocellular	
Gallbladder		Colorectal Liver Mets		Duodenal	
Hilar Cholangiocarcinoma		Other Liver Mets		Spleen/Adrenal	

Investigations: *(Please put date in box)*

CT Abdo, Pelvis		MRI Liver	
CT Chest		MRCP	
PET-CT		Other	

Scans Transferred Electronically? *(Mandatory prior to Transfer)* Yes / No

Reports Attached *(Required)* Yes / No

Presenting Complaint:

Previous History of Cancer?

LEICESTER HPB UNIT

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Bloods		Date
U&E	Na	
	K	
	Urea	
	Creatinine	
	eGFR	
LFTs	Albumin	
	Alk Phos	
	ALT	
	Bilirubin	
Clotting	INR	
CRP		
FBC	WCC	
	Hb	
	Plts	

Tumour Markers	
CEA	
CA19.9	
Alpha Fetoprotein	
Chromogranin A	
Chromogranin B	
Other	

Performance Status: *(ring one)*

0	1	2	3	4
Fully active	Symptomatic but completely ambulatory	Symptomatic, <50% in bed during the day	Symptomatic, >50% in bed	Bed-bound Completely disabled

Co-Morbidities?

Cardiology

MI / Angina	
Hypertension	
Pacemaker / AICD	
Coronary Stent or Graft	
Valve Disease	
LVF / CCF	
Peripheral Vascular Disease / AAA	

Respiratory

COPD	
Chronic Bronchitis	
Asthma	
TB	
Sleep Apnoea	
Emphysema	
Bronchiectasis	

Neurological

Depression / Anxiety / Other	
Confusion / Alzheimer's	
Epilepsy	
Fits / Falls	
CVA / TIA / Stroke / MS	
Developmental e.g. autism	
Paraplegia (any cause)	

Endocrine / Renal

Diabetes	
Thyroid Disease	
Kidney Disease including polycystic	
CKD from any cause	
Nephritis	
Renal Tubular Disease	

Gastrointestinal

Obesity	
Malnutrition / Eating Disorders	
Liver Disease e.g. cirrhosis	
Portal Hypertension	
Liver Failure +/- renal syndrome	
Peptic Ulcer Disease	

Blood Related

Anaemia & Blood Disorders	
DVT / PE	
Anti-coagulation Therapy	
HIV	

Social

Lives Alone	
Registered Blind	
Hearing Loss	
Frequent Falls	

Musculoskeletal

Rheumatoid Arthritis	
CREST	
Polymyalgia Rheumatica	
SLE	

Substance Abuse

Smoker	
Alcohol	
Drug Abuse	

Advice Required From MDT?

We appreciate your co-operation in completing this form