

HAEMATOLOGY MDT Referral Proforma - **LYMPHOMA**

Patient Name:	QEHB/NHS Number:	D.O.B:
Patient Address:	Patient Tel No:	GP:
Referring Hospital:	Referring Consultant:	CNS:
Referrer Email:	Referrer phone number:	
Referral to QEHB Consultant: Yes No	Name:	
CWT TARGET DATE:	2WW UPGRADE	

Clinical Details: (Include prior treatment, radiology, histology and PMH, current medication and stage):

Performance Status: _____ BMI: _____

Significant Comorbidities:

Question for MDT:

Is referral for treatment: _____ or MDT discussion only: _____

HISTOLOGY:	Location:	Date:
PET SCAN:	Location:	Date:
CT Neck/Abdo/Thorax/Pelvis:	Location:	Date:
LDH:		
EXTRANODAL SITES:		
STAGE:		
Ensure all histology slides/reports and imaging films/reports are sent with the referral.		
Other:		
Date Patient agreed to referral to QEHB:		
Send completed referral form to HaematologyMDTRequests@uhb.nhs.uk		
<u>Please note cut off time for inclusion in MDT is Friday 10:00hrs</u>		

Incomplete forms will result in delays to the patient pathway. Referral will be accepted when all essential information is received.