

## Brain Metastases MDT Referral Form

For multidisciplinary advice on general management of brain metastases, neuro-radiological, neurosurgical, neuro-oncological and stereotactic radiosurgical opinion

Please attach recent radiology, pathology reports and clinic letter and return completed forms electronically to [EmidsbrainmetMDT2@nuh.nhs.uk](mailto:EmidsbrainmetMDT2@nuh.nhs.uk) or [NUHNT.Emidsbrainmetmdt@nhs.net](mailto:NUHNT.Emidsbrainmetmdt@nhs.net)

Please submit by Tuesday 10am. MDT takes place on Tuesday 1130am. Outcomes will be emailed to the referrers on Tuesday afternoon.

<b>Patient NHS No.</b>	<a href="#">Click here to enter text.</a>	<b>Patient Hospital No.</b>	<a href="#">Click here to enter text.</a>
<b>Patient Surname</b>	<a href="#">Click here to enter text.</a>	<b>Patient First Name</b>	<a href="#">Click here to enter text.</a>
<b>Patient Date of Birth</b>	<a href="#">Click here to enter text.</a>	<b>Date of Referral</b>	<a href="#">Click here to enter a date.</a>
<b>Patient Location</b>	Home <input type="checkbox"/> Inpatient <input type="checkbox"/> (if Inpatient, please fill below) Hospital <a href="#">Choose an item.</a> Ward <a href="#">Click here to enter text.</a>		
<b>Referring Consultant</b>	<a href="#">Click here to enter text.</a>	<b>Consultant Email</b>	<a href="#">Click here to enter text.</a>
<b>Referring Hospital</b>	<a href="#">Choose an item.</a>	<b>Consultant Tel</b>	<a href="#">Click here to enter text.</a>
<b>Oncologist (if not Referring Consultant)</b>	<a href="#">Click here to enter text.</a>	<b>Oncologist Email</b>	<a href="#">Click here to enter text.</a>
<b>Referrer Name</b>	<a href="#">Click here to enter text.</a>	<b>Referrer Email</b>	<a href="#">Click here to enter text.</a>

<b>Cancer Diagnosis</b> - No established diagnosis yet, undergoing investigation <input type="checkbox"/> <a href="#">Click here to enter text.</a>
<b>Current Systemic Disease Status</b>
No systemic disease <input type="checkbox"/> Awaiting investigation <input type="checkbox"/> Stable metastatic <input type="checkbox"/> Progressive metastatic <input type="checkbox"/> Synchronous primary & metastatic <input type="checkbox"/>
<b>Current Disease Sites</b>
Brain <input type="checkbox"/> Breast <input type="checkbox"/> Lung <input type="checkbox"/> Head and Neck <input type="checkbox"/> Upper GI <input type="checkbox"/> Lower GI <input type="checkbox"/> HPB <input type="checkbox"/> Renal <input type="checkbox"/> Gynaecological <input type="checkbox"/> Urological <input type="checkbox"/> Skin <input type="checkbox"/> Lymph Nodes <input type="checkbox"/> Bone/Spine <input type="checkbox"/> Other <a href="#">Click here to enter text.</a>
<b>Presenting Episode</b>
<a href="#">Click here to enter text.</a>
<b>Current Symptoms</b>
None <input type="checkbox"/> Headache <input type="checkbox"/> Nausea <input type="checkbox"/> Confusion <input type="checkbox"/> Ataxia <input type="checkbox"/> Falls <input type="checkbox"/> Aphasia <input type="checkbox"/> Seizures <input type="checkbox"/> Limb Weakness <a href="#">Click here to enter text.</a> Other Symptoms <a href="#">Click here to enter text.</a>
<b>Performance Status</b>
<b>Current PS:</b> <a href="#">Choose an item.</a> <b>Baseline PS</b> (prior to current neurological symptoms): <a href="#">Choose an item.</a> 0 (Fully independent) 1 (Able to perform light activities) 2 (in bed/chair < 50% of day) 3 (in bed/chair > 50% of day) 4 (bed bound)
<b>Life Expectancy</b>
Less than 6 months <input type="checkbox"/> 6 – 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/>
<b>Comorbidities</b>
<a href="#">Click here to enter text.</a>

<b>Anticoagulation</b>					
Anticoagulant: <a href="#">Choose an item.</a> Indication: <a href="#">Choose an item.</a> Duration: <a href="#">Choose an item.</a>					
<b>Radiology</b>					
Non-Nottingham Referrers; Please send MRI Head MPRAGE images to NUH PACS, Attn: Brain Metastases MDT MRI sent to NUH PACS? <a href="#">Choose an item.</a> Date sent: <a href="#">Click here to enter a date.</a>					
MRI Head MPRAGE (Not done <input type="checkbox"/> )	<a href="#">Click here to enter a date.</a>	Summary	<a href="#">Click here to enter text.</a>		
CT Chest/Abdo/ Pelvis (Not done <input type="checkbox"/> )	<a href="#">Click here to enter a date.</a>	Summary	<a href="#">Click here to enter text.</a>		
Other Radiology	<a href="#">Click here to enter a date.</a>	Summary	<a href="#">Click here to enter text.</a>		
<b>Treatment History</b>					
<b>Previous Neurosurgery</b>	<a href="#">Choose an item.</a>	Neurosurgical Centre	<a href="#">Choose an item.</a>	Surgery Date	<a href="#">Click here to enter a date.</a>
Surgical Procedure	<a href="#">Click here to enter text.</a>				
<b>Previous SRS</b>	<a href="#">Choose an item.</a>	SRS Centre	<a href="#">Choose an item.</a>	SRS Date	<a href="#">Click here to enter a date.</a>
Lesion Treated	<a href="#">Click here to enter text.</a>				
<b>Previous Whole Brain RT</b>	<a href="#">Choose an item.</a>	WBRT Date	<a href="#">Click here to enter a date.</a>		
<b>Systemic Treatment</b>	Yes (please fill below) <input type="checkbox"/> No (never had systemic treatment) <input type="checkbox"/>				
Current Treatment	<input type="checkbox"/>	Treatment	<a href="#">Click here to enter text.</a>	Daily Treatment	<input type="checkbox"/>
				Next Treatment Date	<a href="#">Click here to enter a date.</a>
Previous Treatment	<input type="checkbox"/>	Treatment	<a href="#">Click here to enter text.</a>	Last Treatment Date	<a href="#">Click here to enter a date.</a>
Future Treatment	<input type="checkbox"/>	Treatment	<a href="#">Click here to enter text.</a>	Planned Start Date	<a href="#">Click here to enter a date.</a>
No further treatment	<input type="checkbox"/>	Reason	Progression <input type="checkbox"/> Toxicity <input type="checkbox"/> Patient choice <input type="checkbox"/>		
<b>Discussion at other cancer site MDT</b> - please provide MDT hospital location, dates and outcomes					
<a href="#">Click here to enter text.</a>					
<b>Future Treatment or Investigation Plans</b> – e.g. future imaging and biopsy. Please also provide dates					
<a href="#">Click here to enter text.</a>					
<b>Question to MDT</b>					
<a href="#">Click here to enter text.</a>					
<b>Is the patient aware of referral and can be contacted directly?</b> Yes <input type="checkbox"/> No - please liaise with referrer <input type="checkbox"/>					