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| **REQUEST FOR DISCUSSION AT THE SPINAL MULTIDISCIPLINARY MEETING**  Spinal MDM: Fridays at 08.00 a.m. – Radiology Seminar Room, St James’ Wing, St. George’s Hospital, London SW17 0QT |



**All fields are mandatory. This form MUST reach us by Thursday 1pm. Phone the number below if this cannot happen.**

[**https://www.stgeorges.nhs.uk/service/neuro/neurosurgery/metastatic-spinal-cord-compression/**](https://www.stgeorges.nhs.uk/service/neuro/neurosurgery/metastatic-spinal-cord-compression/)

[**https://www.stgeorges.nhs.uk/service/neuro/neurosurgery/complex-spinal-surgery/**](https://www.stgeorges.nhs.uk/service/neuro/neurosurgery/complex-spinal-surgery/)

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| **Patient Details** | | **Hospital Details** | |
| **Surname** |  | **Referring Hospital** |  |
| **Forename** |  | **Your Name** |  |
| **Date of Birth** |  | **Your Designation** |  |
| **NHS Number** |  | **Your Email** |  |
| **Address** |  | **Bleep / Mobile** |  |
| **Postcode** |  | **Consultant** |  |
| **Telephone** |  | **Consultant Email** |  |
| **GP Name** |  | **Patient Current Location** |  |
| **GP Address** |  |

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| **Brief and Relevant Clinical Details** | |
| **Clinical History:**  **MEDICATIONS:**  **Anticoagulants/Antiplatelet medication** | |
| **Co-Morbidities: (Please DELETE if non relevant and give details below)**  **Respiratory** : Asthma / COPD / Chest infection/ Shortness of Breath / Other / None  Details :  **Cardiac** : HTN / Angina / Ischaemic Heart disease / AF / Valve disease / Heart failure / Other / None  Details :  **Other** : Diabetes / Renal Impairment / Hepatic disease / Other co-morbidities / None  Details : | |
| **What specific question would you like this MDM to answer?** | |
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| **Category:**  A) *Trauma*  B) *Degenerative*  C) *Infection*  *D)Deformity*  *D) Tumours* | A) Mechanism & Level of Injury/Limb power/Sensory level/Bladder/Bowel/Other injuries  B) Limb power/Limb pain/Sensory level/Bladder/Bowel/OA/RA/Osteoporosis/  C) Organism/Source (eg Cardiac UTI, Dental)/Treatment/ Limb power/Sensory level/Bladder/Bowel power/Sensory/Bladder/Bowel  D) Scoliosis/Adult/ Adolescent  E) 1.MSCC Pathway. 2) Neuro- Onc MDT (See above) |

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| **Imaging and Other Relevant Investigations** | | | |
| CT Scan |  | Date |  |
| MRI Scan |  | Date |  |
| Other Scans |  |  |  |

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| **Additional Information that may be useful to us** |
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By using this form you agree that all relevant and contemporaneous imaging is being transferred electronically to St. George’s Hospital via the IEP link; and that you or a responsible practitioner of sufficient seniority will convey the MDM decision to your patient/their next of kin

Save and send this form to **Sayfur.rahman@stgeorges.nhs.uk**. The MDT Co-ordinator is available during working hours on

0208 725 4453. The outcome from this MDM will be emailed to you by 4pm this Friday. Thank you for your submission.