|  |
| --- |
| **REQUEST FOR DISCUSSION AT THE SPINAL MULTIDISCIPLINARY MEETING**  Spinal MDM: Fridays at 10.30 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.** 

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |  |  |
| GP Address |  |

|  |  |
| --- | --- |
| **Brief and Relevant Clinical Details** | |
| **Clinical History:** | |
|  | |
| **What specific question would you like this MDM to answer?** | |
|  | |
| **Where is your patient currently?** |  |

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

|  |
| --- |
| **Additional Information that may be useful to us** |
|  |

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 **panagiotis.zoumprouli@nhs.net**. 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.