**REQUEST FOR DISCUSSION AT THE NEURO-ONCOLOGY MULTIDISCIPLINARY MEETING**

Neuro-Oncology MDM: Fridays at 8:30 a.m. – John Ambrose Seminar Room, Atkinson Morley Wing, St. George’s Hospital, London SW17 0QT

**Please use this form for ALL patients with Brain tumours**

For patients with Metastatic Spinal Cord Compression (MSCC) please bleep the MSCC co-ordinator FIRST on 6027. There is a different pathway

**All NEW** patients **MUST** have been discussed previously with the Neurosurgery Registrar On-Call on bleep 7242

**All fields are mandatory**

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| **Patient Details** | **Hospital Details** |
| Surname       | Referring Hospital  |
| Forename  | Your Name       |
| Date Of Birth       (dd/mm/yyyy) | Your Designation  |
| NHS Number       | Your Email Please enter a valid nhs.net/Trust ID |
| Address        | Bleep/Mobile       |
| Consultant        |
| PostCode       | Consultant Email Please enter a valid nhs.net/Trust ID |
| Telephone       |  |
| GP Name       | Neurosurgery On-Call Referral  |
| GP Address        | Registrar/Consultant you spoke to       |
| Date       (dd/mm/yyyy) |

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| **Performance Status** \* \*Oken, M.M. et al: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982. |

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| Oncology Status  |
| Oncologist        |

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| **Brief and Relevant Clinical Details** |
| Clinical History (**MUST** include presenting condition; GCS; short past medical history; focal neurodeficits; any malignancy)     Steroid Administration Is there a specific question you would like this MDM to answer?      |
| Where is your patient currently?  If Inpatient - what ward are they in?       |
| Anticoagulant/Antiplatelet Use  |

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| **Imaging and Other Relevant Investigations** |
| CT Scan  Date       (dd/mm/yyyy) |
| MRI Scan  Date       (dd/mm/yyyy) |
| Other Scans  |

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| **Additional Information that will be useful to us** |
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By using this form, you agree to the following:

• That all relevant and contemporaneous imaging is being transferred electronically to St. George’s Hospital via the IEP link

• 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 **neuro-oncologyMDT@stgeorges.nhs.uk** . The MDT Co-Ordinator Is available during working hours on 02087253819 or alternatively 07831165455. The outcome from this MDM will be emailed to you by 4 p.m. this Friday. All urgent action will be relayed personally by one of our team.