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| **REQUEST FOR DISCUSSION AT THE NEUROVASCULAR MULTIDISCIPLINARY MEETING**  Neurovascular MDTM: Tuesday at 12.30. John Ambrose Seminar Room, Atkinson Morley Wing, St.George’s Hospital. London, SW17 OQT |

**All fields are mandatory**

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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 number: | Consultant email: |
| GP Name and Address: | Neurosurgery/Neuroradiology On-Call referral:  Registrar/Consultant spoken to:  Date: |

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| **What question/s regarding this referral would you like answered at the Neurovascular multidisciplinary team meeting?** |
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| **Clinical Information** |
| To include: Current clinical status, co-morbidities and physical/cognitive capabilities; Brief patient history, views and preferences where known; clinical observations if available: |
| Smoker N If Yes daily consumption: Alcohol Y/N If yes units per week:  If previously a smoker when did the patient quit: |
| Where is your patient currently? If inpatient – what ward are they in? |

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| **Imaging and Other Relevant Investigations (IEPd to St George’s)** |
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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 relevant practitioner of sufficient seniority will convey the MDTM decision to your patient/their next of kin

Save and send this form to [NeurovascularMDT@stgeorges.nhs.](mailto:NeurovascularMDT@stgeorges.nhs.)uk. The Neurovascular Clinical Nurse Specialists are available during working hours on 020 8672 1255 bleep 7711 or leave a message on 07920 456725. The outcome from this MDTM will be emailed to you usually within 5 working days. All urgent action will be relayed personally by one of the team.

(Below is for use by St George’s Neurovascular MDT)

**Date of MDT -**

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| **MDT Outcome:** |
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| **MDT Actions: (email sent and to whom, who to refer to )** |
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