

HAEMATOLOGY MDT Referral Proforma - **MYELOMA**

Patient Name:	QEHB/NHS Number:	D.O.B:
Patient Address:	Patient Tel No:	GP:
Referring Hospital:	Referring Consultant:	CNS:
Referrer Email:	Referrer phone number:	
Referral to QEHB Consultant: Yes No	Name:	
CWT TARGET DATE:	2WW UPGRADE	

Clinical Details: (Include prior treatment, radiology, histology and PMH, current medication):

Performance Status: _____ BMI: _____

Significant Comorbidities:

PP TYPE: Other: PP Level SFK: SFL: KLR:

ISS or R-ISS stage:

FBC: eGFR: Calcium:

Question for MDT:

Is referral for treatment: or MDT discussion only:

HISTOLOGY:	Location:	Date:
FISH (if available):	Location:	Date:
IMAGING EVIDENCE OF DISEASE:	Location:	Date:

Ensure all histology slides/reports and imaging films/reports are sent with the referral.

Other:

Date Patient agreed to referral to QEHB:

Send completed referral form to UHB-tr.CancerTertiaries@NHS.net

Please note cut off time for inclusion in MDT is Friday 10:00hrs

Incomplete forms will result in delays to the patient pathway. Referral will be accepted when all essential information is received.