**Request for discussion at Salisbury UGI MDT**

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| PATIENT DETAILS (Or use Patient Label)  Patient Name:  Hospital No:  NHS Number:  Named Consultant: | Requested By: Position:  Bleep/Tel: Date: |

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| **What question would you like the MDT to answer? :** Suspected Cancer Site:OG…………. HPB……….. | | | | |
| **Presenting Symptoms:**  **Dysphagia:** Solids / Liquids / Complete / None **Weight Loss:** Yes / No  **Current Weight**:…….…..…….…kg **Amount Lost**:…………………kg **Time period**:…………....…weeks/months  **Current Height:**……………………cm | | | | |
| **Past Medical History/Co Morbidities**: (Fitness for treatment/surgery) | |  |  |  |
| **Working diagnosis:**  **Provisional staging: T N M** | | | | |
| **Performance Status:** 0 1 2 3 4  **Smoking history**: Current Ex Never | * 0 – Fully active,. * 1 – Symptomatic but capable of light work * 2 – Symptomatic, independent in ADLs, up an about >50% of the day. * 3 – In bed >50% of the day, requiring help with ADLs * 4 – Bedbound | |  |  |

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| **Investigations and results:**  Blood Tests: **LFT’s** –  Tumour Markers:   |  |  |  | | --- | --- | --- | | CA119: | CEA: | AFP: |   OGD – date:  CT – date: | EUS – date:  MRI - date:  ERCP - date:  Biopsy – date:  PET – date:  Other (Please Specify) – date: |
| **Patient understanding of situation :** | |
| **All fields of this referral form must be completed prior to discussion.**  **Please be advised that this is a request for discussion only.** | |
| **Additional information:** | |
| **MDT comments:** | |