**Request for discussion at Salisbury UGI/HPB Cancer MDT**

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| **REFERRERS DETAILS** | |
| Name: | Position: |
| Bleep/Tel: | Who will present at MDT: |

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| **PATIENT DETAILS** | |
| Patient Name: | Hospital Number: |
| Inpatient Ward: |  |

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| **SUSPECTED OR DIAGNOSED PRIMARY CANCER** | |
| OG (Oesophagus or Gastric): | HPB (Hepatopancreatobiliary): |
| **QUESTION FOR MDT** | |
| WHAT QUESTION WOULD YOU LIKE THE MDT TO ANSWER? | |

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| **PRESENTING SYMPTOMS** | |
| What symptoms has the patient presented with? | |
| Dysphagia: SOLIDS/LIQUIDS/COMPLETE/NONE | Weight Loss: YES / NO |
| Current weight: | Amount lost: |
| Current height: | Time period: Weeks/Months |

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| **PAST MEDICAL HISTORY / CO MORBIDITIES** | |
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| Performance Status: | WHO Guidelines  0 = Fully active  1 = Symptomatic but capable of light work  2 = Symptomatic, independent in ADLs, up and 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:  LFTs: | OGD: |
| CT: |
| EUS: |
| MRI: |
| TUMOUR MARKERS:  CA 199:  CEA:  AFP: | ERCP: |
| Biopsy: |
| PET: |
| Other: |

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| **ADDITIONAL INFORMATION** |
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**All fields on the referral form must be completed for discussion at the MDT, any incomplete forms will be returned. Email completed forms to** [**uppergimdt@nhs.net**](mailto:uppergimdt@nhs.net)**.**

**The form will be uploaded to Lorenzo as a record of referral.**