**Salisbury IBD/Biologic MDT Referral Proforma**

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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? : e.g., Treatment, diagnosis, surgery** |
| **Presenting Symptom****Weight Loss:** Yes / No **Current Weight**:…….…..…….…kg **Amount Lost**:…………………kg **Time period**:…………....…weeks/months |
| **Past Medical History/Co Morbidities**: (Fitness for treatment/surgery)  |  |  |  |
| **Diagnosis and when first diagnosed if known:****Site:**  |
| **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: F Cal – Date: Result:****LFT:****FBC:****CRP:** **UEC:****Haematinics: Biologic screen**  | EUS – date:MRI - date: MRI – date: MRCP - date:CT – date:Colonoscopy- date:Flexi – date:Biopsy – 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:**  |