## Referral to Skin Cancer Specialist MDT.



This referral form is only to be used for referring a patient to the weekly Skin Cancer MDT. If emergency treatment is required, direct referral is recommended via telephone to the on-call plastic surgery team at Southmead Hospital.

The closing date for submission of referrals will be 5PM on Wednesday preceding the MDT. This is to allow sufficient time for the Histology and Radiology results to be reviewed and prepared prior to the MDT on Monday.

An NHS e-mail address must be supplied for the outcome to be sent back to you. Any non-NHS email addresses will not be recognised.

Please complete all mandatory fields.

## Referrer information

Date: 22/05/18
Name of Health Care Professional:
Job Title:
Place of Work:
Contact e-mail address:
E-mail address of responsible consultant/GP: (if different)
Alternative e-mail address/contact: (e.g. if referrer on leave)
Patient information
Patient Surname:
Patient Forename(s):
Date of Birth:
NHS Number:
Patient address:

Patient telephone number:	
Responsible GP:	
GP Address:	Patient e-mail address:
Clinical Information	
Diagnosis:	
Maximum Diameter of tumour:	
Site:	
Side:	
Histology Report: (copy and paste)	
Treatment/Surgery performed:	

Imaging: (copy and paste re specify date/type/p arrange digital acc	lace and					
Discussed at LSM	DT / MDT					
Key-worker Locally	<b>/</b> :					
Key-worker e-mail	address:					
Co-morbidities: (and medical cond	itions)					
Performance Statu	ıs (WHO):					
Anticoagulants / B	leeding Risk:					
An appointment t the patient unless NO.						
Is the patient awa	re of the diag	nosis?				
Is the patient exp	ecting an app	ointment	at NBT?			
What is the question	on you would li	ike the ski	in-oncology	MDT to an	swer?	
Other comments:						
Supporting docum	ents attached:					
Please check all mandate before submitting		e been com	pleted and the	e informatior	ı is accura	te and up to
Email: cancerservices	@nhs.net					

FAO MDT Co-ordinator: Claire Williams