

NHS Trust

Myeloma MDT Referral Proforma

PART A - Referral				
Patient Identity Details				
NHS No:	Local Identifier:	Birth Date:		
Demographics				
Family Name:	Given Name:			
Patient Address:	Postcode:			
Gender:	Ethnicity:			
GP Address:		GP Postcode:		
Referral	Guidance on how to complete the ACE 27 Score can be found on NSSG website in Myeloma section.			
Referral Hospital:	Other:			
Patient Type:	NHS/non NHS?:			
Referral Date:		Referring Consultant:		
Provisional Diagnosis:				
IF OTHER PLEASE SPECIFY.	ОТН	ER		
Date of 1st Cancer Symptoms:	Adult Comorbidity Evaluation: 27 Score			
Performance Status:	R-ISS: Mayo Staging:		Mayo Staging:	
WHO Score:				
Latest Laboratory Resu	ılts			
Hb: g/pL.	Albumin Level:	Creatinine I	_evel: umol/L.	
Beta2-microglobulin:	Free Kappa:	Free Lar	Free Lambda:	
K/L Ratio:	Serum-corrected Ca ²⁺ :	Parapr		
	BM PC percentage:			
Radiology & Pathology	r			
Skeletal Survey:				
CT/MRI:				

Clinical Details

MDT to Review:	Imaging	Treatment	Radiotherapy	Pathology

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PART B - MDT Meet	ting				
Discussion Date	e:	MDT Discussion Indicator:			
Cancer Care Plan Inten	t:	No Cancer Treatment Reason:			
Monitoring Inten	t:	Referral Received Date:			
Key Worker		Key Worker:			
	Holistic Needs	s Assessment:			
CN	IS Specialist Indi	cation Code:			
Lab Report					
CD138 FISH: If abnormal please specify.					
Immunophenotyping:					
Diagnosis					
Primary Diagnosis (ICD):	Date of Diagnosis (Clinical):			
Basis of Diagnosis:		Morphology: (SNOMED)			
Treatment					
	lulti Disciplinary Tea		the same as the treatment which is subsequently orded and these may either be alternative or		
PT	T:	PTT:	PTT:		
PT	Т:	PTT:	PTT:		
Surgery and Other Procedures		Cancer Treatment:			
Trials Patient	Trial Status: (Cancer)		Cancer Clinical Trial: (TREATMENT TYPE)		
<i>MDT Conclusions</i> Histology Review:					

Radiology Review:

Treatment Plan: