

Thoracic Multi-Disciplinary Team Meeting Standardised Referral Form

This form can be used by thoracic teams across Greater Manchester to ensure optimal MDT working in line with the GM standards described in *'Effective working in a Lung Cancer MDT - A charter'*. This form can be used as a referral mechanism or as a framework to measure existing referral mechanism (e.g. electronic referral forms) against to ensure they meet the information set out in this form. This will ensure appropriate & efficient listing and effective MDT discussion

Patient Details

Name:

DOB:

NHS No:

Hospital No:

Referrer Information

Referring Team:

Responsible Clinician:

Contact details:

Key Worker:

Contact details

Date of referral:

Should the patient be listed at the end of the MDT? Yes No (tick box)

If yes, why?

Patient has been referred for treatment via the streamlined protocol pre-MDT

Patient has died and requires cancer system registration

WHO Performance Status*:

Select from drop down

Clinical frailty score (≥65yrs):

Select from drop down

Working Diagnosis:

GM Diagnostic Standards of Care Group
(1-5) or N/A

Current Clinical Staging:

T N M

Please confirm the minimal requirements for investigation & MDT discussion according to the GM Diagnostic Standards of Care have been completed and results are available for discussion (if it hasn't, please provide information as why an MDT discussion is required)

Group 1	Group 2	Group 3	Group 4	Group 5
PET-CT	PET-CT	PET-CT	PET-CT	Pathology Results
ppo-FEV1	EBUS	EBUS	EBUS	Renal function
ppo-DLCO	CT Brain	MR Brain	MR Brain	
	ppo-FEV1	ppo-FEV1	FEV1	
	ppo-DLCO	ppo-DLCO	DLCO	
		Renal function	Renal function	

Confirm the additional tests have been completed and results available for discussion **if indicated**:

- Shuttle walk test or six-minute walk test *if under consideration for surgical resection*
- Echocardiogram if >70yo, murmur, abnormal ECG, IHD, valve disease, ?pneumonectomy *if under consideration of surgical resection*

Please provide any reasons why an MDT discussion should occur if the minimum dataset and investigations have not been completed:

Smoking status:

Never smoked (<100 cigarettes) Light ex-smoker (<20 pack years) Current/ ex-smoker

Referred to a tobacco dependency treatment team? Yes No N/A

Seen by tobacco dependency treatment team? Yes No N/A

Does the patient have any psycho-social needs that require consideration? Yes No

Does the patient have wishes that need to be taken into consideration? Yes No

Additional Information:

Has the patient completed an impact statement? (Document any which may affect treatment decisions)

Yes No N/A

Additional Information:

Has the patient completed a Holistic Needs Assessment Yes No

Additional Information:

Please provide any additional relevant information here?