

**Acute Oncology Service**  
**Malignancy of Unknown Origin (MUO)/Cancer of Unknown Primary (CUP) MDT**  
**Referral Proforma**

<b>Patient Details</b> Name: <a href="#">Click here to enter text.</a> DOB: <a href="#">Click here to enter text.</a> NHS No: <a href="#">Click here to enter text.</a> Hospital No: <a href="#">Click here to enter text.</a>	<b>Referrer Information</b> Referring Team: <a href="#">Click here to enter text.</a> Responsible Clinician: <a href="#">Click here to enter text.</a> Contact details: <a href="#">Click here to enter text.</a> Key Worker: <a href="#">Click here to enter text.</a> Contact details: <a href="#">Click here to enter text.</a> Date of referral: <a href="#">Click here to enter text.</a>				
<b>Date of MDT:</b> Previous discussion at CUP/Other MDT – Yes <input type="checkbox"/> No <input type="checkbox"/> Additional Information: <a href="#">Click here to enter text.</a>					
<b>Patient Information:</b> <span style="float: right;"><b>Smoker?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></span> Clinical background and reason for discussion: <a href="#">Click here to enter text.</a>					
<b>Diagnosis:</b> <a href="#">Click here to enter text.</a>	<b>Staging:</b>				
	<b>T:</b> <a href="#">Click here to enter text</a>	<b>N:</b> <a href="#">Click here to enter text</a>	<b>M:</b> <a href="#">Click here to enter text</a>		
<b>WHO Performance Status*</b> (Please tick)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Investigations to be discussed</b> – Please note a CT TAP is a minimum requirement for discussion at this MDT					
<b>Radiology</b>	CT Scan <input type="checkbox"/> Date: <a href="#">Click</a>	MRI Scan <input type="checkbox"/> Date: <a href="#">Click</a>	Other Imaging <input type="checkbox"/> Date: <a href="#">Click</a>		
Additional Information: <a href="#">Click here to enter text.</a>					
<b>Histology</b>	Biopsy <input type="checkbox"/> Date: <a href="#">Click here to enter</a>	Other Histology <input type="checkbox"/> Date: <a href="#">Click here to enter text.</a>			
Additional Information: <a href="#">Click here to enter text.</a>					

<b>Breast Exam Performed</b> <input type="checkbox"/> <b>Date:</b> Click here to enter text. <b>PR Exam Performed</b> <input type="checkbox"/> <b>Date:</b> Click here to enter text.	
<b>Blood Results:</b> Click here to enter text.	
<b>Tumour Markers:</b> Click here to enter text.	
<b>Please advise of any co-morbidities:</b> Click here to enter text.	
<b>Does the patient have any psycho-social needs that require consideration?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Information: Click here to enter text.	
<b>Is the patient aware of suspected cancer/diagnosis?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Information: Click here to enter text.	
<b>Has the patient completed an impact statement?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Information: Click here to enter text.	
<b>Has the patient completed a Holistic Needs Assessment</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Information: Click here to enter text.	

**Disclaimer:** *The MUO/CUP MDT is **only advisory** and have no capacity to take responsibility of this patient. **Responsibility remains with referring/treating team.***

**\*WHO performance status (PS)**

- 0 – Fully active, no restrictions on activities
- 1 – Unable to do strenuous activities, but able to carry out light housework and sedentary activities
- 2 – Able to walk and manage self-care, but unable to work. Out of bed more than 50% of waking hours
- 3 – Confined to bed or a chair more than 50% of waking hours. Capable of limited self-cares
- 4 – Completely disabled. Totally confined to a bed or chair. Unable to do any self-care.