Building healthier lives

NHS
University Hospitals Birmingham
NHS Foundation Trust

ONCOLOGY TREATMENT Referral Proforma

Patient Name: QEHB/NHS Number: D.O.B:

Patient Address: Patient Tel No: GP:

Referring Hospital: Referring Consultant: CNS/Key Worker:

Referrer Email: Referrer phone number:

Referral to QEHB Consultant: Yes No Name:

CWT TARGET DATE: 2WW Upgrade Subsequent

Clinical Details: (Include prior treatment, previous chemotherapy, radiology, histology and PMH):

Performance Status: BMI:

Significant Comorbidities:

Date discussed at MDT: .... MDT recommendation:

Reason for referral:

DIAGNOSIS: **DATE OF DIAGNOSIS:**

	Observations (or state not performed)	**Location**	**Date**
Histology Must include molecular marker results.			
CT Scan Must include full TNM staging.			
MRI			
Bone Scan			
PET-CT			
Other			
Other			

Ensure all histology and imaging reports are sent with the referral. Staging imaging must have been performed within 60 days of referral

Name of person completing form: Signature:

Date Patient agreed to transfer care to QEHB:

Send completed referral form to UHB-TR.uhboncologytertiaryreferrals@nhs.net

Incomplete forms will result in delays to the patient pathway. Referral will be accepted when all essential information is received.