

Stereotactic Radiosurgery MDT Referral Proforma

<p>Cerebral Metastases NHS England Eligibility criteria</p> <ul style="list-style-type: none"> • Performance Status 0 or 1 • Cancer diagnosis with absent or controllable primary disease • Pressure symptoms best relieved with surgery are excluded • Tumour volume <20cc • Prognosis > 6 months 	<p>NHS England SRS Tier 1 and Tier 2 indications <i>(Please select as applicable to this referral)</i></p> <p>Vestibular Schwannoma</p> <p>Pituitary Adenomas</p> <p>Meningiomas</p>
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Date patient agreed to referral to QEHB:

DVLA: assessing fitness to drive, discussed with patient

Patient Name:	QEHB/NHS Number:	D.O.B:
Patient Address:	Patient Tel No:	GP:
Referring Hospital:	Referring Consultant:	CNS:
Referrer Email:	Referrer phone number:	
Date discussed at Local MDT:	Opinion of Local MDT:	
CWT TARGET DATE:	2WW	UPGRADE

Clinical Details: (Include prior treatment, radiology, histology, PMH, current symptoms and medication):

Current systemic therapy (including date last given):

Dexamethasone: Dose: Date started:

Previous Whole brain radiotherapy? NO YES (Give details):

Performance Status: KPS: BMI:

PROGNOSIS OF 6 MONTHS: YES NO

Significant Comorbidities:

Is primary site controlled? NO YES

Extracranial metastatic disease? NO YES (is it controllable?):

Question for MDT:

Is referral for treatment: or MDT discussion only:

HISTOLOGICAL DIAGNOSIS:	Location:	Date:
MRI (Brain with contrast) <i>{within 4/52}</i> :	Location:	Date:
Other:		
<p>Ensure all histology slides/reports and imaging films/reports are sent with the referral.</p> <p>Send completed referral form to Cyberknife.UHB@nhs.net</p> <p><u>Please note cut off time for inclusion in MDT is Monday 12:00hrs</u></p>		

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