Building healthier lives

NHS
University Hospitals Birmingham
NHS Foundation Trust

LIVER/HPB MDT Referral Proforma

Patient Name:	QEHB/NHS Number:	D.O.B:
Patient Address:	Patient Tel No:	GP:
Referring Hospital:	Referring Consultant:	CNS:
Referrer Email:	Referrer phone number:	
Referral to QEHB Consultant: ◯ Yes ◯ No	Name:	
CWT TARGET DATE: ◯ 2WW	◯ UPGRADE	◯ SUBSEQUENT

Clinical Details: (Provide details of prior treatment including chemotherapy and radiotherapy, radiology, histology and PMH, current medication in a separate detailed letter):

Question for MDT:

Is referral for treatment: ◯ or MDT discussion only: ◯

HPB MDT SECTION (for tumour markers please note the highest value):

Pancreas:	CA19-9	Biliary stent:	Date admission:	Latest bilirubin:
CRLM:	CEA	Dukes stage:	Date primary resection:	
HCC:	AFP	Date admission:	Latest bilirubin	Childs grade:
Hilar/Biliary:	CA19-9	Date admission:	Latest bilirubin	

Other:

Performance Status: BMI:

Significant Comorbidities:

LOCAL MDT DETAILS: PROVISIONAL DIAGNOSIS: DATE: T N M

HISTOLOGY/CYTOLOGY: Location: Date:

Ensure all histology slides/reports and imaging films/reports are sent with the referral.
All imaging to have been completed within 3 months of date of referral.

CT SCAN:	Location:	Date:
MRI:	Location:	Date:
EUS:	Location:	Date:
ERCP:	Location:	Date:

Date Patient agreed to referral to QEHB:

Send completed referral form to HPBMDTREFERRALS@uhb.nhs.uk

Please note cut off time for inclusion in MDT is Tuesday 16:00hrs

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

Email form Save form