Building healthier lives

NHS
University Hospitals Birmingham
NHS Foundation Trust

Pituitary Cancer 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	

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

PREVIOUS SURGERY: Yes ◯ No ◯ DATE: DETAILS:

Histology:

PREVIOUS RT: Yes ◯ No ◯ DATE: DETAILS:

Performance Status: BMI:

Significant Comorbidities:

Question for MDT:

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

DIAGNOSIS: DATE:

CT SCAN: LOCATION: DATE:

PITUITARY MRI (with contrast): LOCATION: DATE:

Ensure all histology slides/reports and imaging films/reports are sent with the referral.

LH: FSH: TSH:

FT4: PROLACTIN: IGF-1:

TESTOSTERONE (males): MENSTRUAL STATUS (premenopausal females):

9am CORTISOL: DYNAMIC FUNCTION:

VISUAL FIELD CHART:

Date Patient agreed to transfer to QEHB:

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

Please note cut off time for inclusion in MDT is Monday 13:00hrs

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

Email form Save form