

Teenagers and Young People's (TYA) Psychosocial MDT Referral Proforma

Queries should be directed to the QEHB TYA CNS Team via Main Office (Monday to Friday),
0121 371 6237 or mobile **07785 657 586**

Patient Details

Patient name:	QEHB/NHS number:	DOB:
Biological sex:	Preferred gender:	Ethnicity:
Patient address:	Patient telephone number:	GP:
NOK:	NOK telephone number:	
Referring hospital:	Named consultant:	Referring professional (name and role):
Referrer email:	Referrer telephone number:	Date:

Diagnosis Details

Diagnosis: _____ Date of diagnosis: _____

Clinical details (include prior treatment, radiology, histology and PMH):

Histology: _____ Location: _____ Date: _____

Imaging: _____ Location: _____ Date: _____

Patient fitness and co-morbidities (include any history of previous malignancies):

Clinical Trials

Is there an available clinical trial? Yes No

If "Yes", please name the trial:

If "Yes", has the TYA patient consented to this trial? Yes No

If "No", please confirm the reason for non-recruitment:

Treatment Plan

Treatment details	Responsible consultant	Place of treatment
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Chemotherapy:

Radiotherapy:

Surgery:

Palliative care:

Other (please specify):

TYA Specific Considerations

Is the TYA patient aware of their diagnosis? Yes No

- If "No", please specify reason (i.e. medical reasons/eligibility)

Is the TYA patient aware of this referral? Yes No

(Please note if the patient is not aware, the TYA team will not make contact with the patient until they are)

- If “No”, please add the reason (i.e. medical reasons/eligibility)

Has the TYA patient been offered the choice to have treatment at QEHB? Yes No

- If “No”, please add the reason (i.e. medical reasons/patient choice/under 16)

If “Yes”, has the TYA accepted or declined the offer of treatment at QEHB? Accepted Declined

- If declined, please add the reason (i.e. patient choice/geographical reasons)

Have fertility issues been discussed with the TYA patient? Yes No

- If “No”, please add the reason (i.e. medical reasons/declined service/not eligible)

Is an appointment for fertility preservation required? Yes No

- If “No”, please add the reason (i.e. medical reasons/declined service/not eligible)

Has the TYA patient been offered the opportunity to tissue/tumour bank? Yes No

- If “No”, please add the reason (i.e. medical reasons/declined service/not eligible/not available)

Additional Information

Additional information *(please state any other information you believe to be relevant for service):*

Please send completed referral forms to:

TYAMDT@uhb.nhs.uk

The cut-off time for inclusion in the MDT is Monday, 17:00 hours

*Please note this is a **Psychosocial MDT only**.*