Barts Health NHS
NHS Trust

LONDON CANCER
NORTH AND EAST

Royal Free Hampstead NHS
NHS Trust

Hepato-Pancreatico-Biliary (HPB) Multidisciplinary Referral Form

Date of MDM* (Wednesdays)		**Site**	**Royal London**	**Type***	62 / 31 days

Patient surname*		**Referring Hospital***	
Patient first name*		**Responsible Clinician***	
NHS No*		**Referrer's email***	
Date of birth*		**Keyworker/CNS***	
Patient age*		**Keyworker/CNS email***	
Patient address*			
Patient contact telephone number*		**Priority type***	Urgent – suspected Cancer 2WW Urgent – not cancer Not urgent
Referral to:	Team / Specific surgeon (please specify) Abraham Bhattacharya Hutchins Kocher	**Tumour type**	Pancreas Liver metastases Cholangiocarcinoma HCC NET Gallbladder Other (specify) Not cancer
GP name and address*		**WHO Performance Status** 0 - Fully active 1 - No heavy work, do anything else 2 - Up > half day 3 - In bed/chair > half day – needs help 4 - In bed/chair > half day - needs lots of help	0 / 1 / 2 / 3 / 4
Accommodation status (home, sheltered housing etc) / Special requirements		**18 week clock start date*** **Breach date***	

What is your exact question to the MDT* (i.e. Surgery, Chemo, Radiotherapy, Diagnostic tests, second opinion, consultant review)

Clinical information, Investigations, Management Timeline	
DATE	Presentation/Investigations/Admissions/Treatment/Other important events (NB include investigation reports in full (cut and paste). Ensure staging CT done or planned (or alternative). **We would prefer that this information is put in a separate referral letter from a senior clinician, addressed to us**

Co-morbidities*					
Investigations to be attached – (1) liver function tests* (2) tumour markers* (3) INR* (essential for all interventional procedures and for EUS) (4) summary reports of cross-sectional imaging*					
Is management plan already decided?	Yes – for ratification	Is patient aware of Diagnosis?	Yes	No	
	No – for discussion	Is patient aware of Referral?	Yes	No	
Signature*		Name in Capitals and Contact Telephone Number*			
Date*					

For HCC only

Aetiology*	Hep B Yes □ No □	Hep C Yes □ No □	Alcohol Yes □ No □
	Patient currently abstinent from alcohol? Yes □ No □		
Performance Status * (0-4)	Platelets	Cirrhosis	Yes □ No □
	Varices Yes □ No □	Splenomegaly	Yes □ No □
Childs Pugh Score*		Ascites	Yes □ No □
	Bilirubin	Albumin	INR
	Encephalopathy	Yes □	No □
Tumour biopsy report (if done)*		AFP (all with dates	

Please FAX the completed form to 020 3594 3255, along with the referral letter and scan and blood test reports
DO NOT e-mail this form unless you are sending from an .nhs.net address to an .nhs.net address.
E-mails from one NHS Trust or GP Practice to another are NOT protected by organisational firewalls when in transit