Myeloid MDT Referral Proforma						
Patient Identity Details						
NHS No:	Local lo	dentifier:	Birth Date:			
Demographics						
Family Name:			Given Name:			
Patient Address:			Postcode:			
Gender:			Ethnicity:			
Key Worker	Key Iolistic Needs Ass	Worker:				
Referral	lolistic Needs Ass					
Referral Hospital:			Other:			
Patient Type:			NHS/non NHS?:			
Referral Date:			Referring Consultant:			
Diagnosis						
Primary Diagnosis (ICD):		Da	ate of Diagnosis (Clinical):			
Basis of Diagnosis:			Morphology: (SNOMED)			
Laboratory Results			Date:			
Hb: g/dl.	Hid	CHEST DDE-TDEATMI	ENT (N X 10 9 PER LITRE) AT DIAGNOSIS.			
WBC:	The	MEST FRE-IREATME	Platelet Count:			
Basophil percentage:			Neutrophil Count:			
Blast percentage: Peripheral Blood.			Eosinophil percentage:			
Bone Marrow	Date:		Karyotype:			
Blast percentage: Bone Marrow (BM).			Flow Cytometry:			
MDS						
MDS IPSS:			MDS WHO:			
MDS Secondary Origin:						
Myeloproliferative Neoplasm	n (MPN & CML)	DESCRIPTION				
MPN Classification: Myelofibrosis IPSS:		Splaar	n cm below costal margin:			
wyelolibiosis ir 33.		Spieei	i cili below costai margin.			
Myeloblast %:			bcr-abl % (Pb):			
Disease Phase:			, ,			
AML		Recurre	nt Genetic Abnormalities:			
Cytogentic Group:	_		ot otherwise categorised:			
Secondary Origin AML:		AM	IL transformed from MDS:			
ALL						
Extra-medullary Disease:			ALL Diagnosis:			

Other Leukaemias

Diagnosis:

OTHER

IF OTHER PLEASE SPECIFY.

Secondary Origin:

OTHER

Clinical Details

MDT to Review: Pathology Imaging Treatment

The following will be completed during and after the MDT.

Myeloid MDT Discussion

Discussion Date: MDT Discussion Indicator:

Cancer Care Plan Intent: No Cancer Treatment Reason:

Monitoring Intent: Referral Received Date:

Surgery and Other Procedures Cancer Treatment:

Trials Patient Trial Status: Cancer Clinical Trial: (CANCER) (TREATMENT TYPE)

MDT Conclusions

Pathology/Radiology Review:

Treatment Plan:

Adult Comorbidity Evaluation-27

Identify the important medical comorbidities and grade severity using the index. Overall Comorbidity Score is defined according to the highest ranked single ailment, except in the case where two or more Grade 2 ailments occur in different organ systems. In this situation, the overall comorbidity score should be designated Grade 3.

Cogent comorbid ailment	Grade 3 Severe Decompensation	Grade 2 Moderate Decompensation	Grade 1 Mild Decompensation
Cardiovascular Syste	em		
Myocardial Infarct	☐ MI ≤ 6 months	☐ MI > 6 months ago	☐ MI by ECG only, age undetermined
Angina / Coronary Artery Disease	□ Unstable angina	 □ Chronic exertional angina □ Recent (≤ 6 months) Coronary Artery Bypass Graft (CABG) or Percutaneous Transluminal Coronary Angioplasty (PTCA) □ Recent (≤ 6 months) coronary stent 	 □ ECG or stress test evidence or catheterization evidence of coronary disease without symptoms □ Angina pectoris not requiring hospitalization □ CABG or PTCA (>6 mos.) □ Coronary stent (>6 mos.)
Congestive Heart Failure (CHF)	 ☐ Hospitalized for CHF within past 6 months ☐ Ejection fraction < 20% 	☐ Hospitalized for CHF >6 months prior☐ CHF with dyspnea which limits activities	 □ CHF with dyspnea which has responded to treatment □ Exertional dyspnea □ Paroxysmal Nocturnal Dyspnea (PND)
Arrhythmias	☐ Ventricular arrhythmia ≤ 6 months	☐ Ventricular arrhythmia > 6 months ☐ Chronic atrial fibrillation or flutter ☐ Pacemaker	☐ Sick Sinus Syndrome ☐ Supraventricular tachycardia
Hypertension	☐ DBP≥130 mm Hg ☐ Severe malignant papilledema or other eye changes ☐ Encephalopathy	☐ DBP 115-129 mm Hg ☐ DBP 90-114 mm Hg while taking antihypertensive medications ☐ Secondary cardiovascular symptoms: vertigo, epistaxis, headaches	 □ DBP 90-114 mm Hg while not taking antihypertensive medications □ DBP <90 mm Hg while taking antihypertensive medications □ Hypertension, not otherwise specified
Venous Disease	☐ Recent PE (≤ 6 mos.) ☐ Use of venous filter for PE's	□ DVT controlled with Coumadin or heparin□ Old PE > 6 months	☐ Old DVT no longer treated with Coumadin or Heparin
Peripheral Arterial Disease	☐ Bypass or amputation for gangrene or arterial insufficiency < 6 months ago ☐ Untreated thoracic or abdominal aneurysm (≥6 cm)	 □ Bypass or amputation for gangrene or arterial insufficiency > 6 months ago □ Chronic insufficiency 	 ☐ Intermittent claudication ☐ Untreated thoracic or abdominal aneurysm (< 6 cm) ☐ s/p abdominal or thoracic aortic aneurysm repair
Respiratory System			
	 □ Marked pulmonary insufficiency □ Restrictive Lung Disease or COPD with dyspnea at rest despite treatment □ Chronic supplemental O₂ □ CO₂ retention (pCO₂ > 50 torr) □ Baseline pO₂ < 50 torr □ FEV1 (< 50%) 	☐ Restrictive Lung Disease or COPD (chronic bronchitis, emphysema, or asthma) with dyspnea which limits activities ☐ FEV1 (51%-65%)	☐ Restrictive Lung Disease or COPD (chronic bronchitis, emphysema, or asthma) with dyspnea which has responded to treatment ☐ FEV1 (66%-80%)
Gastrointestinal Syst	em		
Hepatic	☐ Portal hypertension and/or esophageal bleeding ≤ 6 mos. (Encephalopathy, Ascites, Jaundice with Total Bilirubin > 2)	☐ Chronic hepatitis, cirrhosis, portal hypertension with moderate symptoms "compensated hepatic failure"	☐ Chronic hepatitis or cirrhosis without portal hypertension ☐ Acute hepatitis without cirrhosis ☐ Chronic liver disease manifested on biopsy or persistently elevated bilirubin (>3 mg/dl)
Stomach / Intestine	☐ Recent ulcers(≤ 6 months ago) requiring blood transfusion	☐ Ulcers requiring surgery or transfusion > 6 months ago	☐ Diagnosis of ulcers treated with meds ☐ Chronic malabsorption syndrome ☐ Inflammatory bowel disease (IBD) on meds or h/o with complications and/or surgery
Pancreas	☐ Acute or chronic pancreatitis with major complications (phlegmon, abscess, or pseudocyst)	☐ Uncomplicated acute pancreatitis ☐ Chronic pancreatitis with minor complications (malabsorption, impaired glucose tolerance, or GI bleeding)	☐ Chronic pancreatitis w/o complications

Cogent comorbid	Grade 3	Grade 2	Grade 1		
ailment	Severe Decompensation	Moderate Decompensation	Mild Decompensation		
Renal System					
End-stage renal disease	☐ Creatinine > 3 mg% with multi-organ	☐ Chronic Renal Insufficiency with	☐ Chronic Renal Insufficiency with		
	failure, shock, or sepsis ☐ Acute dialysis	creatinine >3 mg% ☐ Chronic dialysis	creatinine 2-3 mg%.		
Endonino Caston	(Code the comorbid ailments with the (*) in both the Endocrine system and other organ systems if applicable)				
Endocrine System Diabetes Mellitus	\Box Hospitalization \leq 6 months for DKA	☐ IDDM without complications	□ AODM controlled by oral agents only		
Diabetes Menitus	☐ Diabetes causing end-organ failure ☐ retinopathy ☐ neuropathy ☐ nephropathy* ☐ coronary disease* ☐ peripheral arterial disease*	☐ Poorly controlled AODM with oral agents	Trobin controlled by that agents only		
Neurological System					
Stroke	☐ Acute stroke with significant neurologic deficit	☐ Old stroke with neurologic residual	☐ Stroke with no residual ☐ Past or recent TIA		
Dementia	☐ Severe dementia requiring full support for activities of daily living	☐ Moderate dementia (not completely self-sufficient, needs supervising)	☐ Mild dementia (can take care of self)		
Paralysis	☐ Paraplegia or hemiplegia requiring full support for activities of daily living	☐ Paraplegia or hemiplegia requiring wheelchair, able to do some self care	☐ Paraplegia or hemiplegia, ambulatory and providing most of self care		
Neuromuscular	☐ MS, Parkinson's, Myasthenia Gravis, or other chronic neuromuscular disorder and requiring full support for activities of daily living	☐ MS, Parkinson's, Myasthenia Gravis, or other chronic neuromuscular disorder, but able to do some self care	☐ MS, Parkinson's, Myasthenia Gravis, or other chronic neuromuscular disorder, but ambulatory and providing most of self care		
Psychiatric					
_	☐ Recent suicidal attempt ☐ Active schizophrenia	 □ Depression or bipolar disorder uncontrolled □ Schizophrenia controlled w/ meds 	☐ Depression or bipolar disorder controlled w/ medication		
Rheumatologic	(Incl. Rheumatoid Arthritis, Systemic Lupus	, Mixed Connective Tissue Disorder, P	olymyositis, Rheumatic Polymyositis)		
	☐ Connective Tissue Disorder with secondary end-organ failure (renal, cardiac, CNS)	☐ Connective Tissue Disorder on steroids or immunosuppressant medications	☐ Connective Tissue Disorder on NSAIDS or no treatment		
Immunological System	(AIDS should not be considered a comorbidi				
AIDS	☐ Fulminant AIDS w/KS, MAI, PCP (AIDS defining illness)	$\hfill \square$ HIV+ with h/o defining illness. $CD4^+ < 200/\mu L$	☐ Asymptomatic HIV+ patient. ☐ HIV+ w/o h/o AIDS defining illness. CD4+ > 200/µL		
Malignancy	(Excluding Cutaneous Basal Cell Ca., Cutaneous SCCA, Carcinoma in-situ, and Intraepithelial Neoplasm)				
Solid Tumor including melanoma	☐ Uncontrolled cancer ☐ Newly diagnosed but not yet treated ☐ Metastatic solid tumor	☐ Any controlled solid tumor without documented metastases, but initially diagnosed and treated within the last 5 years	☐ Any controlled solid tumor without documented metastases, but initially diagnosed and treated > 5 years ago		
Leukemia and Myeloma	☐ Relapse ☐ Disease out of control	☐ 1 st remission or new dx <1yr ☐ Chronic suppressive therapy	☐ H/o leukemia or myeloma with last Rx > 1 yr prior		
Lymphoma	□ Relapse	☐ 1 st remission or new dx <1yr ☐ Chronic suppressive therapy	☐ H/o lymphoma w/ last Rx >1 yr prior		
Substance Abuse	(Must be accompanied by social, behavioral,	or medical complications)			
Alcohol	□ Delirium tremens	☐ Active alcohol abuse with social, behavioral, or medical complications	☐ H/o alcohol abuse but not presently drinking		
Illicit Drugs	☐ Acute Withdrawal Syndrome	☐ Active substance abuse with social, behavioral, or medical complications	☐ H/o substance abuse but not presently using		
Body Weight					
Obesity		\square Morbid (i.e., BMI ≥ 38)			