

			NHS Trust	
	Myeloma MDT Refe	rral Proforma		
PART A - Referral				
Patient Identity Details				
NHS No:	Local Identifier:	Birth Date:		
Demographics				
Family Name:		Given Name:		
Patient Address:	Postcode:			
Gender:	Ethnicity:			
GP Address:		GP Postcode:		
Referral	Guidance on how to complete the ACE	27 Score can be found on NSSG	website in Myeloma section.	
Referral Hospital:	Other:			
Patient Type:	NHS/non NHS?:			
Referral Date:		Referring Consultant:		
Provisional Diagnosis: If OTHER PLEASE SPECIFY.	OTHER			
Date of 1st Cancer Symptoms:	Adult Comorbidity Evaluation:			
Performance Status:	_			
WHO Score:	R	-ISS:	Mayo Staging:	
Latest Laboratory Res	ults			
Hb: G/DL.	Albumin Level:	Creatinine L	.evel: JMOL/L.	
Beta2-microglobulin:	Free Kappa:	Free Lan	nbda: MG/L.	
K/L Ratio:	Serum-corrected Ca ²⁺ :	Parapro	otein: _{G/L} .	
	BM PC percentage:			
Radiology & Pathology	/			
Skeletal Survey:				
CT/MRI:				
Clinical Details				
Clinical Details				

MDT to Review:	Imaging	Treatment	Radiotherapy	Pathology



PART B	- MDT Meeting				
D	iscussion Date:	MDT Discussion Indicator:			
Cancer C	are Plan Intent:	No Cancer Treatment Reason:			
Mo	onitoring Intent:		Referral Received Date:		
Key Wo	rker	Key Worker:			
	ŀ	lolistic Needs Assessment:			
	CNS Sp	ecialist Indication Code:			
Lab Rep	oort				
	CD138 FISH:				
IF ABNORMA	L PLEASE SPECIFY.				
Immunop	henotyping:				
Diagnos	sis				
Primary D	iagnosis (ICD):		Date of Diagnosis (Clinical):		
Bas	s of Diagnosis:		Morphology: (SNOMED)		
Treatme	ent				
PTTs may	n the patient. More that		I may not be the same as the treatment w may be recorded and these may either be		
	PTT:	PTT:	PTT:		
	PTT:	PTT:	PTT:		
Surgery	and Other Prod	cedures	Cancer Treatment:		
Trials	Patient Trial S	Status: (Cancer)	Cancer Clinical Tria (TREATMENT TY		
MDT C	onclusions				
Histolog	Histology Review:				
Radiology Review:					
Treatmen	t Plan:				