**MDT review proforma for patient notes**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| MDT Date: | | | Centre: | | | Referrer: | |
| Patient Surname, First name | NHS Number | Age | Diagnosis | Narrative | MDT discussion | | Outcome A (no change); B (minor change); C (major decision): D (refer to HCC/NHP) |
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