GI Cancer Multidisciplinary Meeting:

**Booking Form:** Palmerston North

**The expectation is the lead clinician (or a proxy) will be present to present at MDM. Please note this form acts only as a referral for MDM discussion and does not constitute a referral to a specific person, clinic, or service.** **Please complete this form electronically (not handwritten)**

**Referrals must be received before Thursday 1600 hrs.**

**Please email completed referral to:** **MDTCo-ordinator@midcentraldhb.govt.nz****Phone: 06 350 9185**

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| **Patient details:** |  | **Referring/Responsible doctor:** |
| **NHI:**  | DOB: | First name: |  |
| **First Name:** | Age: | Surname: |  |
| **Surname:** | Gender: | Specialty: |
| Ethnicity: |  | GP:  |
| **Referring DHB:** |  | **Discussion type** | **Bowel Screening** |
| [ ] ​ MidCentral[ ]  Whanganui[ ]  Taranaki[ ]  Private  | [ ] ​ Hawkes Bay[ ]  Wairarapa |  | [ ] ​ Initial[ ] ​ Re-discussion | [ ] ​ Yes[ ] ​ No |
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| **GI Cancer Location** |
| [ ] ​ Oesophagus [ ] ​ Gastric[ ] ​ Pancreas[ ] ​ Small bowel[ ] ​ Colon | [ ]  Appendix[ ] ​ Rectum[ ]  Anus[ ] ​ Other | Meeting date: Click Here |
| Presenter: |

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| **Clinical details:** |
| **Diagnosis:** |
| **Current presentation:** |
| **Question for MDM:**  |
| **Co-morbidities/past medical history:** |
| **ECOG Score** **​​**[ ]  **0** – Fully active, able to carry on all pre disease performance **​​**[ ]  **1** – Restricted in physically strenuous activity, but ambulatory and able to carry out work of light or sedentary nature **​**[ ] **​ 2** – Ambulatory and capable of all self-care but unable to carry out any work activities. Ambulatory more than 50% of waking hours **​​**[ ] **​ 3** - Capable of only limited self-care, confined to bed or chair more than 50% of waking hours **​​**[ ] **​ 4** – Completely disabled – cannot carry on self-care. Totally confined to bed or chair **​​**[ ]  **Not known**  |
| **Smoking/Vaping status:** | **Alcohol consumption:** | **eGFR:**Date: Click here. Value: **Creatinine:**Date: Click here. Value:  |
| **Previous MDM discussions:** |

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| **Assessments:** |
| Gastroscopy:[ ]  Yes[ ]  No[ ]  ERCP [ ]  EUS | Colonoscopy:[ ]  Yes[ ]  No[ ]  Incomplete[ ]  Sigmoidoscopy  | Tumour markers:[ ]  CEA Value:[ ]  Ca19-9Value:[ ]  Pending | Tumour genes:[ ]  MMR Click here. [ ]  BRAF Click here.[ ]  HER2 Click here. |
| **Pathology:** Date of surgery, location of slides, specific questions?You will need to provide details on location of slides and reason for review |
| **Radiology:**Private radiology:   ​[ ] ​ Yes   ​[ ] ​  NoWhat imaging/date of imaging is to be reviewed?[ ]  CT: Click here [ ]  CTC: Click here [ ]  PET: Click here [ ]  MRI: Click here |  If yes, state which provider:[ ]  USS: Click here[ ]  IR: Click here[ ]  Other: Click here |
| Extra comments: |

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| **Checklist** |
| Please ensure all supporting information is emailed to **MDTCo-ordinator@midcentraldhb.govt.nz**Co-ordinating Nurse: Anna Maihi. Email: Annamai@mdhb.health.nzIncomplete referrals will not be accepted for MDM discussion |
| [ ]  Clinic notes[ ]  Blood results (if relevant)[ ]  Histology reports | [ ]  Radiology reports[ ]  Imaging sent to PACS |

**To be completed post MDM discussion**

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| **MDM outcomes:** |
| **TNM staging:****Intent:** Click here.**Pathology review:****Radiology review:****Consensus opinion:****Responsible clinician:** | **Referrals**[ ]  Medical oncology[ ]  Radiation oncology[ ]  Other |

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| **Quorum:** |
| **Chair of meeting:****Attendees:** |