

Urology MDT Request Form

Please complete this form to request a patient for discussion and return by 12pm Wednesday to the MDT Coordinator via the below:

Urology.mdt@nhs.net

Tel: 01865 (2) 28375 / 01865 (2) 27208

**If we don’t have sufficient information your patient may not be discussed.**

|  |  |
| --- | --- |
| **Patient details** | Name: DOB: MRN: NHS no: Referring consultant / key worker: Consultant in charge of patient: |
| **Tumour sitePlease circle / highlight** | **KIDNEY - URETER - BLADDER - PROSTATE** |
| **Patient history and presenting symptoms** | **PSA: DRE:** |
| **Co-morbidities / performance status** |  |
| **Specific question for the MDT** |  |
| **Radiology to be reviewed? If so, provide details.** |  |
| **Histology to be reviewed? If so, provide details.** |  |
| **Is patient aware of potential diagnosis?** |  |