



King's College Hospital
NHS Foundation Trust

KCH Patient Number

King's College Hospital Neuro - MSCC MDT Proforma :

Date and Time of Referral:

PLEASE COMPLETE THE FORM and email to kch-tr.neuro-mscc@nhs.net

For more information contact MSCC Nurse on 020 3299 5468 09:00 to 17:00 Monday to Friday excluding bank holidays. Out of hours 02032994207

Link to referral portal <https://nww.ihtl.nhs.uk/neurosurgery/>

Link to MSCC referral guide- <https://www.kch.nhs.uk/service/a-z/metastatic-spinal-cord-compression>

ALL FIELDS ARE MANDATORY

Patient's Details	Referring Hospital Details										
Name:	Hospital:										
DOB:	Ward Name:										
Telephone Number:	Telephone/Ext Number:										
NHS Number:	Referrers Name:										
Address:	Referrer's Designation:										
Post Code:	Referrer's Mobile Number:										
What is the patient's current location?	<table border="1"><tr><td>0</td><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	0	7								
0	7										
	Referrer's NHS email address:										
	OTHER:										
GP Details	Oncologist Details										
GP Name:	Oncology Consultant:										
Address:	Telephone number:										
Post Code:	NHS email address:										
TEL number:	Key Worker / CNS:										
NHS email:											
Brief and relevant clinical details:											
Exact date of first onset of symptoms:	Date of Admission:										
Brief History of Presentation:											

<p>Previous History of Cancer:</p> <p>Type of Cancer:</p> <p>If this is a new suspected cancer: Have you contacted the local AOS service?</p> <p>Type of cancer (confirmed histology):</p> <p>Does the oncology consultant want the patient to have surgery?</p> <p>What is the estimated Prognosis:</p>	<p>Oncological treatment History</p> <p>Previous radiotherapy to the spine?</p> <p>If yes please specify date:</p> <p>Areas Radiated and Dosages Administered:</p>
<p>Past Medical History:</p>	
<p>Imaging (Please link to Kings PACS system via Image Exchange Portal)</p>	
<p>It is the responsibility of the REFERRER to ensure that all imaging studies are made available on the PACS via IEP</p>	
<p>MRI Whole Spine Completed?: Insert Report Below</p>	<p>Date Completed:</p>
<p>CT CAP Completed?: Insert Report Below</p>	<p>Date Completed:</p>
<p>CT Cervical Spine Completed (Required for all patients with cervical metastasis) Date Completed:</p>	

Other scan results (PET CT, Bone scan , other) and Tumour markers (including Myeloma, PSA):

Motor and Sensory status

Motor Score

Full power in **Upper** extremities?

Full Power in **Lower** extremities?

If any muscle weakness pleases fill the table

UPPER LIMBS	Shoulder Abduction	Elbow flexion	Elbow Extension	Wrist Flexion	Wrist Extension	Finger Abduction
Right						
Left						
LOWER LIMBS	Hip Flexion	Hip Extension	Knee Flexion	Knee Extension	Ankle Dorsiflexion	Planter Flexion
Right						
Left						

Urinary symptoms?: Date of onset:

Date catheter inserted:

Bowel dysfunction: Date of onset:

Gait Disturbance:

Pins & Needles/Numbness/Sensory loss:
Location:

Current WHO Performance Status:

WHO Performance Status prior to presentation:

Frailty scale:

Does patient have severe pain in the Spine:

Specific Location:

Does back pain improve when patient lays flat?

Does back pain worsen when patient is verticalised (i.e sits or stands):

Does back pain worsen on movement?

VAS pain scale:

ASIA Impairment Scale:

Current Mobility status:

Date patient last mobilised independently:

Corticosteroid Administration: Give 16mg bolus of Dexamethasone followed by 8mg BD with PPI cover

Anticoagulant/Antiplatelet use:

Drug Name and Dosage:

Date of last dose anticoagulant/Antiplatelet administration:

Current Thromboprophylaxis:

Did they have MSCC Alert card / information:

MRSA Status:

Covid Status:

Patient's status	
Has patient been informed of cancer /suspected cancer diagnosis?	
Does the PATIENT want to consider surgery?	
Specific Question for MSCC MDM:	
Outcome : Centre use only	
Acute neurosurgical decision Date & Time	
Management decision	
Stability: SINS score: Epidural spinal cord compression (ESCC) grading scale Choose option	Vertebral body Collapse Choose option Location Brace advise
Neurosurgery Clinic Review	
Other Comment	
Date and time of definitive treatment decision	
Date and time of start of definitive treatment	
Completed by: Click here to enter a date. (name in capitals) (signature)	