Office use only	KCH Patient Number
Referral Scanned to EPR ☐ Images on IEP ☐ PIMs MDT ☐ PCS ☐	

King's College Hospital NHS Foundation Trust

King's College Hospital Skull-Base MDT Form

Please Answer All Questions on Both Pages
Please complete electronically and email to kch-tr.skullbasereferrals@nhs.net

We can only accept referrals with a head CT/MRI already performed and, if applicable, a visual field report must be attached with the referral.

Patient Details:		**Hospital/GP Details:**	
Full Name:		**Date of Referral:**	
Date of Birth:		**Hospital and Ward:**	
NHS Number:		**Referring Specialty:**	
Address:		**Name of Referrer:**	
Telephone Number:		**Referrer Email Address:**	
Email Address:		**GP Name and Address:**	
Current Location of patient.	**Home☐ Care Home☐ Hospital☐**		
Next of Kin Name and Telephone Number:			

History of presenting complaint/Reason for Referral:

What is your working diagnosis? Please select from drop-down:

Working Diagnosis

Other:

What specific questions would you like the MDT to answer?

Clinical Findings (please include a brief report below or email reports with proforma):

Ophthalmology Report:	**Audiology Report:**
(If patient is experiencing Visual symptoms, a visual field report MUST be attached) **Attached☐** **Not Relevant☐**	**Attached☐** **Not Relevant☐**

Patient must have a head CT/MRI to be eligible for MDT.

Location of Scan: Select a hospital

MRI Head/Spine Yes☐ No☐ Date of Scan:

CT Head/Spine Yes☐ No☐ Date of Scan:

Other e.g. Lumbar Puncture, Bloods, Chest X Ray etc.

Management (if any)?

Past Medical History:

Past Surgical History:

Previous surgery or treatment for the referred condition:

Yes☐ No ☐ Date:

If yes, please specify details:

Current Medications (Including information on anti-coagulant medication, if stopped when?):

Has the patient been started on dexamethasone? Yes☐ No☐

Start Date: **Current Dose:**

Current Performance Status:
Use Table Below for Descriptions:

0	Asymptomatic (Fully active, able to carry on all pre-disease activities without restriction)
1	Symptomatic but completely ambulatory (Restricted in physically strenuous activity but ambulatory and able to carry out work of a light sedentary nature. For example, light housework, office work)
2	Symptomatic <50% in bed during the day (Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours)
3	Symptomatic, >50% in bed, but not bedbound (Capable of only limited self-care, confined to bed or chair 50% or more of waking hours)
4	Bedbound (Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)
5	Death

Any Additional Information: