**Neurovascular Surgery MDT Referral**

KCH Patient Number

Office use only

Referral scanned to EpR 

Images on IEP 

PIMs MDT 

PCS 

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| **PLEASE ANSWER ALL QUESTIONS ON BOTH PAGES.**  **Please complete electronically and email to** [**kch-tr.nv-abi-clinics@nhs.net**](mailto:kch-tr.nv-abi-clinics@nhs.net%20?subject=Referral%20to%20Neurovascular%20Surgery%20MDT)  **We can only accept referrals with appropriate information and imaging (as set out below) included. If this information is not provided then the referral will be returned**  **Extracranial carotid disease, ischaemic stroke and ischaemia attributable to intracranial stenosis should be referred to stroke medicine. If unsure please do call the co-ordinator before making referral.**  **Thank you for your assistance in providing an efficient service** | | | |
| **Date of Referral:** | | **Hospital and Ward (if applicable):** | |
| **Patient’s Name** |  | **Consultant:** |  |
| **Date of Birth** |  | **Referring Doctor/GP** |  |
| **NHS Number** |  |
| **Patient’s telephone no.** |  | **Referrer Contacts** |  |
| E-mail Address: |  |
| Fax Number: |  |
| Bleep: |  |
| **Patient’s Address** |  | | |
| **Next of Kin**  **Name and Tel. Number** |  | | |
| **GP name and address + Tel Number** |  | | |
| **WHAT IS YOUR QUESTION FOR MDT?** | | | |
| **CLINICAL HISTORY AND EXAMINATION FINDINGS** *(Please include relevant blood, lumbar puncture or CSF results)***:** | | | |

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| **Please note that dedicated cross-sectional vascular imaging is required for us to provide an MDT opinion on certain pathologies. Failure to provide this will result in the referral being RETURNED until such imaging is carried out.**  **Please see below guidance as to appropriate imaging**  **BRAIN ANEURYSM: MR or CT *ANGIOGRAM***  **BRAIN AVM: MR or CT *ANGIOGRAM***  **CAVERNOMA: MR with T2 and/or susceptibility weighted/ gradient echo sequences is required (MR angiography is NOT required)**  **FAMILIAL ANEURYSM SCREENING Imaging is NOT required or recommended.** | |
| **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 or 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 | | |
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| **ANY ADDITIONAL RELEVANT INFORMATION:** | |
| **Print Name:** | **Date:** |

**For further Information please call the Neurovascular MDT Coordinator on 0203 299 3282**