

Multi-disciplinary Diagnostic Centre (MDDC) Referral Form to Exclude Cancer

To make a referral complete this form and email to: mddcmdt.enh-tr@nhs.net

Patient Details				GP Details	
Forename:		Surname:		Referring GP:	
Address:				Address:	
Postcode:				Postcode:	
Tel No (Home):				Direct dial telephone number:	
Tel No (Mobile):				GP Mobile Number:	
Tel No (Work):				Email:	
Hospital No:				Patient background	
NHS No:				Hearing impairment:	Y <input type="checkbox"/> N <input type="checkbox"/>
Gender:				Learning difficulties?	Y <input type="checkbox"/> N <input type="checkbox"/>
DOB:		Age:		Known safeguarding concerns?	Y <input type="checkbox"/> N <input type="checkbox"/>
Patient agrees to telephone message being left?				Interpreter required:	Y <input type="checkbox"/> N <input type="checkbox"/>
Y <input type="checkbox"/> N <input type="checkbox"/>				Language:	Y <input type="checkbox"/> N <input type="checkbox"/>
Weight Loss		Amount:		Duration:	Current Weight:
Referral Criteria: (all must apply)					
i) Patient is fit and suitable for investigation. ii) Vague symptoms. iii) GP has a "gut" feeling of malignancy or serious pathology. iv) No other urgent referral pathway suitable.					
Why are you referring this patient?					
Examination					
Chest X-ray must be completed prior to referral – give details below					
Date of Chest X-ray:			Where performed:		
Investigations: (Helpful if performed but not necessary to await results). Please tick					
FBC/ESR/Clotting Screen		<input type="checkbox"/>	U&Es, TFTs, LFTs, CaPO4		<input type="checkbox"/>
Bone Profile		<input type="checkbox"/>	PSA/CA125		<input type="checkbox"/>
Serum protein		<input type="checkbox"/>	Electrophoresis		<input type="checkbox"/>
Relevant past clinical history					
Current medication and allergies: (Attach printout)					
Attachments:		Letter:	<input type="checkbox"/>	Medication List:	<input type="checkbox"/>
				Other:	<input type="checkbox"/>

Requirements:

- You have discussed the possibility with the patient that the diagnosis may be cancer.
- The patient must be available in the next 2 weeks, and the patient can be contacted by phone.
- You have handed the patient a copy of the Multi Diagnostic Centre patient information leaflet?

Note: If you are concerned, please telephone the MDDC Specialist Nurse on: **07826944317** to discuss your patient.