 

BENIGN HEPATO-PANCREATO-BILIARY MDT REFERRAL PROFORMA

The **Benign** HPB MDT is held at 12:45 on Mondays, The cut off for external referrals is **09:30** hours, Referrals received after this time will be listed for the following week.

Please note that referrals will only be discussed if the **imaging** is within **2 weeks** for current inpatients and **3 months** for outpatients.

**Malignant** or **pre-malignant** conditions, i.e. pancreatic cystic neoplasm, require referral to the HPB cancer MDT.

**NB It is the referring clinicians’ responsibility to request a transfer of imaging through PACS, contact your local PACS team to facilitate this. NB This may take 24-48 hours to be transferred**

Please complete and email (using a secure email i.e. nhs.net accounts) to mft.hpbbenignmdt@nhs.net  
Please use this email address for **ALL** correspondence

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| **Patient Details** Date…………………………………………………..  Name………………………………………………  NHS number…………………………………………  DOB………………………………………………………  Location OP/ Hospital & Ward……………  **Clinical Details**  **Latest Imaging**  **□** Request made for transfer to MRI PACS  **□** CT  □ MRI  □ PET CT  □ USS  □ ERCP  □ Other……………………….  Date………………..  Performed at…………. | **Referrer’s Details**  Consultant…………………………………….  Hospital……………………………………………  Referred to MDT by…………………………..  A written response should reach you in 5 working days however if you require an urgent response please provide your secure email address and/or phone number  Contact for outcome…………………………..  Phone number………………………..  Email…………………………………………… |
| **Comorbidities** Mild / Mod / Severe **Performance score** 1 2 3 4  Circle as appropriate |
| **Blood results and date taken** |
| **What is the clinical question to be addressed?** | |