

Appendix 1 - Gynaecology Oncology MDM form

The Edinburgh Cancer Centre, Western General Hospital, NHS Lothian
CONFIDENTIAL – Gynaecological Cancer Multidisciplinary Meeting Referral Form

Date of MDM:	Referring Consultant:	Hospital of Diagnosis:	
E-mail addresses (or fax if preferred) of referrer/secretary for reply from MDM: Elaine Whyte			
Person completing form plus contact number:			
Patient details Age:	CHI:	For Non-Lothian patients (including Private hospitals):	
Name:		GP Name:	
Address:		GP Address:	
Path. review required?:		XR review required?:	
Date of biopsy:		Type of X-Ray:	
Hospital:		Date of X-Ray:	
Clinical Presentation and Operation/Recovery Details / Previous Medical History/Disabilities/Family History:			
Date of operation:	Residual disease: Size:	CA125 Result:	RMI:
Question to be answered by MDM:			
(At MDM review) Radiology:			
(At MDM review) Final Pathology and Staging:			
Site:			
Pathology:			
Stage: Grade:			
(At MDM review) Proposed Management (dependent upon patient wishes/fitness):			
Consultant for next review:			
Date/place of next review:			
Person responsible for making appointment:			
Management Plan:			

Please email to BGH Gynaecology secretaries Elaine Wight (elaine.wight@borders.scot.nhs.uk) or Anne Renfrew (anne.renfrew@borders.scot.nhs.uk) in the first instance. Forms will then be forwarded to Gynaecology MDM.