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| **Patient Name:** | | | | | Click here to enter text. | | | | | | | | | | | **Referral Date:** | | | | | | | Click here to enter a date. | | | | | | | | |
| **CHI:** | | | | | Click here to enter text. | | | | | | | | | | | **Consultant:** | | | | | | | Click here to enter text. | | | | | | | | |
| **Health Board:** | | | | | GGC | | | | | | | | | | | **Referring Clinician:** | | | | | | | | | Click here to enter text. | | | | | | |
| **DoB:** | Click here to enter text. | | | | | | | | | | | | | | | **Contact e-mail:**  @ggc.scot.nhs.uk | | | | | | | | | | | | | | | |
| **Age:** |  | | | | | | | | | | | | | | |
| **Indication for Referral:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mesh complication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mesh Perforation** | | | | | |  | | | **Mesh Exposure** | | | | | | | | | |  | **Chronic Pain** | | | | | | |  | **Sepsis** | | |  |
| **Other** (please describe): | | | | | | | |  | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | |
| **Details of Patient Symptoms:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Detailed Implant History with Operation Note:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mesh Type -** | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Manufacturer -** | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Date of Implantation -** | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Incident Reporting & Investigation Centre (IRIC) Ref Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Past Surgical History** (in particular any previous abdominal surgery inc caesarean section): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BMI:** | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| **Comorbidities:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart disease (e.g. angina, previous MI, valvular disease/AF) - | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| Diabetes (please specify medication) - | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| Respiratory Disease (COPD/asthma/PEs etc) - | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| Anticoagulation Therapy- | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| Other Significant Comorbidities - | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| Performance Status (WHO 0-4) - | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| **Examination Findings:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Investigations** (Please provide-findings / results / dates / operation notes): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cystoscopy**  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Urodynamics**  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lower GI Endoscopy**  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Imaging (MR, CT, US)**  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other**  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Non-surgical treatment** (Please provide details- what / when / where): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pain Team** | | | Choose an item. | | | | | | | | | | **Outcome:** Click here to enter text. | | | | | | | | | | | | | | | | | | |
| **Physio** | | | Choose an item. | | | | | | | | | | **Outcome:** Click here to enter text. | | | | | | | | | | | | | | | | | | |
| **Psychology** | | | Choose an item. | | | | | | | | | | **Outcome:** Click here to enter text. | | | | | | | | | | | | | | | | | | |
| **Patient’s expectations from referral:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MDT Triage:** | | | | | | | | | | | | | | | | | **Date:**  Click here to enter a date. | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Back to Local Unit with Advice** | | | | | | |  | | | | **See at Multidisciplinary Clinic** | | | | | | | | | | |  | | | | **Admit for Investigations** | | | | |  |
| **MDT Plan:** | | | | | | | | | | | | | | | | | **Date:** Click here to enter a date. | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional MDT Review:** | | | | | | | | | | | | | | | | **Date:** Click here to enter a date. | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Waiting List if Surgery Planned:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Joint Case:** | | **Sub Specialist** | | | | | | | | |  | | | | **Colorectal** | | | | | |  | | | | **Urology** | | | | |  | |
| **IP - 2** | | | |  | | | | | | **IP - 3** | | | | | | | |  | | | | | | **IP - 4** | | | | |  | | |
| **Action Plan:** | | | | | | | | | | | | | | | | **MDT Date:** Click here to enter a date. | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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