

East Midlands Mesothelioma MDT

Patients Name	DOB
Referring Hospital	
Next Appointment date:-	scheduled at:-
with:-	
Patients Address	Referring Consultant
	From:-
NHS Number	Contact email (nhs.net only)

Date Referred to Regional MDT		Date Discussed at Local MDT	
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Reason for Discussion

Asbestos Exposure Occupation:	Definite <input type="checkbox"/>	Possible <input type="checkbox"/>	Unlikely <input type="checkbox"/>
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Performance Status (0-4)		Pleural	Peritoneal	Other
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Previous Malignancy	Site	Date	Treatment
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Co-morbidities

CT Scan	Y / N	Date		Hospital Performed	
MRI	Y / N	Date		Hospital Performed	
PET Scan	Y / N	Date		Hospital Performed	

Diagnostic Biopsy	Y / N	Date		Hospital Performed/stored	
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Diagnostic Procedure	Blind <input type="checkbox"/>	CT guided biopsy <input type="checkbox"/>	U/S guided biopsy <input type="checkbox"/>	VATS/Open <input type="checkbox"/>	Thoracoscopy <input type="checkbox"/>
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Diagnosed Cell Type	Epithelioid <input type="checkbox"/>	Sarcomatoid <input type="checkbox"/>	Mixed/Biphasic <input type="checkbox"/>
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Date Of diagnosis (including Clinical diagnosis)	
Previous Treatments And date completed	

Please ensure you have followed the referral guidelines and that all relevant reports and images are sent before the MDT