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| Patient Details  Name: MANDATORY FIELD  Date of birth: MANDATORY FIELD  UHS number: Click here to enter UHS number  NHS number: MANDATORY FIELD  Patient telephone no: MANDATORY FIELD  Carer/other telephone no: Click here to enter  Inter-Provider Transfer Form: MANDATORY FIELD | Referrer Details:  Referring Trust: MANDATORY FIELD [if other specify here]  Name: Click here to enter Referrer Name  Job title: Click here to enter  Referring Trust Consultant: MANDATORY FIELD  Referrer Contact details:  Telephone: Click here to enter  E-mail: MANDATORY FIELD  Fax: Click here to enter  Date of referral: MANDATORY FIELD |

**N.B. All non-UHS referrals MUST be accompanied by an Inter-Provider Transfer Form**

**AND 62 day CWT pathway target date details\***

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| **CORE ELIGIBILITY CRITERIA [**Please note: Lung METASTASES are currently ineligible for SABR at UHS] | | |
| Referring Lung Cancer MDT diagnosis of **PRIMARY** lung cancer | | MANDATORY FIELD |
| Clinical stage T1-3 (<5cm) N0 M0 based on CT and PET imaging | | MANDATORY FIELD |
| Not suitable for surgical resection due to: | MANDATORY FIELD  Comments/ details | |
| Peripheral lesions outside a 2cm radius of main airways and proximal bronchial tree (“no fly zone”) | | MANDATORY FIELD |
| Absence of significant interstitial lung disease | | MANDATORY FIELD |

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| **IMAGING [Images must be sent electronically to UHS PACS and Reports sent with this referral]** | |
| Regional Sectra PACS: MANDATORY FIELD | Choose a local shared Sectra PACS server |
| Other PACS: Choose YES or NO  Images sent to UHS Confirm YES | If YES, give details here |
| PET-CT (Mandatory): Date MANDATORY FIELD CT(s) Date(s): Click here to enter  Other imaging: Date and Modality Click here to enter Comments: Click here to enter text. | |

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| **CLINICAL DETAILS – to be assessed by referring clinical team**  ***Please attach a recent clinic letter/ summary if available*** |
| Performance Status: MANDATORY FIELD |
| Current symptoms: Click here to enter details |
| Past medical history and significant comorbidity: Click here to enter details |

**Please complete Page 2 overleaf INCLUDING REFERRING LUNG MDT SECTION**

**Incomplete referrals will not be accepted**

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| Patient Name: Click here to enter Patient Name | | Date of birth: Click here to enter DOB | | |
| **CLINICAL DETAILS (continued)** | | | | |
| Smoking status: Choose smoking status Details: Click here to enter text. | | | | |
| Current medications: Click here to enter text. | | | | |
| Pulmonary Function Tests: Date: MANDATORY FIELD FEV1: MANDATORY FIELD L MANDATORY FIELD % TLco Click here to enter % Kco Click here to enter % | | | | |
| Previous Radiotherapy | MANDATORY FIELD  Choose RT Centre | | Details: Click here to enter text | |
| **PATIENT TRANSPORT DETAILS** | | | | |
| Requires Hospital Transport  Accompanying escort | MANDATORY FIELD  Choose YES or NO | | | Further details: Click here to enter text. |
| **OTHER REQUIREMENTS / COMMENTS** | | | | |
| Click here to enter text. | | | | |

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| **REFERRING LUNG MDT DISCUSSION**  Date MANDATORY FIELD  **Hospital:** MANDATORY FIELDDetails |  | **UHS USE ONLY: SABR GROUP DISCUSSION**  Date: Click here to enter a date |
| **\*CWT 62 day target treatment date:** MANDATORY FIELD |  | **Confirm patient eligibility:** UHS USE ONLY |
| **TNM Staging:** MANDATORY FIELD |  | **Confirm SABR feasibility:** UHS USE ONLY |
| **Pathological diagnosis:** MANDATORY FIELD  Details: Click here to enter |  | **Outcome:** UHS USE ONLY: dose/fractionation  UHS USE ONLY: UHS Consultant  UHS USE ONLY Comments |
| **MDT agree primary lung cancer:** MANDATORY FIELD |  |
| **Clinically appropriate:**  Surgery MANDATORY FIELD  SABR MANDATORY FIELD  Ablation MANDATORY FIELD |  |
| **Thoracic surgeon at MDT:** MANDATORY FIELD |  |