Multidisciplinary Team Meeting (MDT) Referral and Outcome Form

 Date of referral:
 Name of referrer:

 Date of
 Present at

The extent has been to forward of the second								
The patient has been informed of the purpose of the MDT referral, who may							No	
be present, what information will be discussed/shared. The patient has given either implied or oral consent for MDT discussion.						\square	No	\square
The patient has given either implied or oral consent for MDT discussion. The patient does not have capacity therefore consent for MDT discussion is by						\Box	INO	
way of a best interest decision by the referrer.							No	
	atient does not wa							
discussed at MTI								
Surname:				Diagnosis				
Given name:								
Address:								
				РМН				
				1				
				-				
D.O.B. Age Gender								
D.O.B.	D.O.B. Age		er	Allergies:				
				URN No:				
PPC: PPD:				URN NO:	Index No:			
GSF Code (please tick)	Blue (A) Year Plus prognosis	Blue (A) Green		Amber (C) Weeks prognosis	Red (D) Days prognosis			
	Year Plus prognosis Months prognosis							
Phase of				Karnofsky performance				
illness:	Detionst an also	status						
GP:	Patient goals:			Keyworker and other health professionals involved in patient care:				
				in patient care.				
Reason for referral to MDT				Clinical details with relevant results e.g. DNACPR				
For Hospice use only								
Previous MDT outcomes Plan of care to achieve the outcome								
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Please refer to the Intranet (Policies and Procedures Centre, Governance) for the most up to date version