## QVH Head and Neck Surgical Treatment Referral Proforma

Please email to **tqv-tr.Referrals@nhs.net** **– with email subject ‘URGENT CANCER’**

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|  Queen Victoria Hospital NHS Foundation Trust |
| Patient Name: | **Patient DOB:** |
| Patient NHS Number:  |
| Patient Address: | **Patient Contact Details:**  |
| Date of Referral:  | **Referring Hospital:**  |
| Patient informed of transfer of care: Y/N |
| Named visiting surgeon (if applicable) and if the operation will be an independent or joint case: | **Key Worker:**  |
| Diagnosis/Stage of Disease:  | **Latest MDT Outcome:** |
| Planned Surgery/Surgical Details: |
| Urgency of Surgery < 2 weeks, 2- 4 weeks or >4 weeks: |
| Imaging Transferred Y/N  | **Pathology Report Included Y/N** |
| Psychosocial considerations of note: |
| Comorbidities (including performance status/medications/allergies):  |