

Office use only

Referral scanned to EPR

Images on IEP

PIMs

KCH Patient Number

Kings College Hospital – CSF MDT Referral

PLEASE ANSWER ALL QUESTIONS ON BOTH PAGES
Please complete and email over to KCH-tr.csfmdtadmin@nhs.net

We only accept completed referrals with appropriate imaging linked across via IEP.

**FOR PATIENTS WITH:
ACUTE AND/ OR OBSTRUCTIVE HYDROCEPHALUS OR
WITH INTRACRANIAL HYPERTENSION AND ACUTE SEVERE VISUAL LOSS
REFER TO THE ON- CALL NEUROSURGICAL SERVICE URGENTLY.**

Date of referral:		Hospital and ward:	
Patients name:	Date of Birth:	Consultant:	
Patient NHS Number:	Patient Address:	Referring Doctor and details:	Name: Email: Number/ bleep:
GP Name, address and telephone:		Next of Kin name and contact:	

Suspected Diagnosis:

- Normal Pressure Hydrocephalus
- (Idiopathic) Intracranial Hypertension
- Pineal Cyst
- Arachnoid Cyst
- Chiari and Syringomyelia
- Spontaneous Intracranial Hypotension/ Spinal CSF Leak
- Other (specify):

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Specific Question for MDT:

History of Presenting Complaint (date of admission/ clinic etc) :

Clinical Findings:

Radiology:

Date of MRI: _____ Location of MRI: _____

Ophthalmology (including fundoscopy, OCT, acuities, fields and colour vision):

Lumbar punctures (include dates and whether under GA, sedation or LA, as well as opening and closing pressure and clinical response):

Histopathology (if applicable):

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Past Medical History (including operations and psychiatric history if applicable):

Current Medications (including allergies, anti- coagulant medication, if stopped when?):

Current Performance status:

0 – Asymptomatic (fully active, able to carry on all pre-disease activities without restriction)
1 – Symptomatic but completely ambulatory (restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. For example, light housework, office work)
2- Symptomatic, <50% in bed during the day (ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
3- Symptomatic, >50% in bed, but not bedbound (capable of only limited self-care, confined to bed or chair 50% or more of waking hours.
4- Bedbound (completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)
5 - Death

Any additional information:

Print Name:

Date: