Vascular Anomalies MDM Referral Form

Please send to:

VascularanomaliesGSTT@nhs.net

Patient Name	
DOB	
Hospital or NHS Number	
Referring consultant Contact e-mail Referring Hospital	
Working diagnosis	
Associated symptoms	
Previous treatments	
Relevant past medical history/comorbidities	
Questions for MDM	

Investigations to be reviewed at MDM	
Ultrasound If yes, please ensure images available to review on PACS	Yes □ No □
MRI If yes, please ensure images available to review on PACS	Yes □ No □
Histology If available, please include report with referral	Yes □ No □
Medical photography Please send in via email along with this form	Yes □ No □
Other investigations: If completed, please provide details below:	Yes □ No □

Please send all referrals and any other relevant information to: VascularanomaliesGSTT@nhs.net

Guy's and St Thomas' NHS
NHS Foundation Trust