**Stereotactic Radiosurgery (SRS) MDT Brain Metastasis Referral Form**

NHS England Criteria: PS 0 or 1

 Cancer diagnosis with absent or controllable primary disease

 Pressure symptoms best relieved with surgery are excluded

 Tumour volume < 20cc

 Prognosis > 6 months

**If you feel this case needs more urgent intervention, please discuss with on call neurosurgical SpR via switchboard (0121 627 2000)**

|  |  |  |  |
| --- | --- | --- | --- |
| Referring Trust: |  | Address: |  |
| Patient name: |  |
| NHS number: |  | Patient telephone number: |  |
| DOB: |  |  |
|  |
| Referring clinician |  |
| Email address: |  |
| Telephone: |  |

|  |  |
| --- | --- |
| Summary of relevant malignancy history: |  |
| Current symptoms: |  |
| Relevant PMH: |  |
| Current systemic therapy: (including date last given) |  |
| Previous Whole brain radiotherapy? |  |
| Date MRI brain with contrast (NB within 4/52): |  |

**Please link across latest MRI brain images and CT TAP report**

|  |  |
| --- | --- |
| Is the primary site controlled? |  |
| Extracranial metastatic disease? |  |
| If yes is it controllable? (ie further systemic options available) |  |
| Estimated prognosis ≥ 6 months |  |
| Performance status |  |
| Dexamethasone? (including date started and dose) |  |

**Please email to** **cyberknife.uhb@nhs.net**

**Meetings are every Tuesday at 3pm. Outcomes will be fed back by email to referring clinician and patients offered appointment if appropriate**

|  |  |
| --- | --- |
| SRS MDT outcome |  |