

The National Hospital for Neurology and Neurosurgery

Brain Tumour Unit Referral Form

Name/Sex		
Address & GP Details		
NHS number		
Referring Hospital		
Referring Consultant/GP	Name:	Telephone:
Referring SpR/SHO	Name:	Telephone:
Presenting symptoms and PMH / Reason for referral		
Performance Score: KPS or WHO		
Radiology: Please comment on any imaging studies available and whether a CD of the studies has been included		
Pathology: This section relates to any other cancer type the patient has and whether a pathology report is available		
Diagnosis		
Surgery: History of previous surgery		
Previous Radiotherapy	Dose:	Fractions:
	Start date:	Consultant:
	Finish date:	
Previous Chemotherapy	Dose:	Drugs:
	Start date:	
	Finish date:	Consultant:

Please fax this form to: 020 344 88832

Or post to: The Brain Tumour Unit, (Mailbox 78)
The National Hospital for Neurology & Neurosurgery,
Queen Square,
London
WC1N 3BG

Or email to: braintumourunit@uclh.nhs.uk