

# FAST REFERRAL TO THORACIC SURGERY

**01** \_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

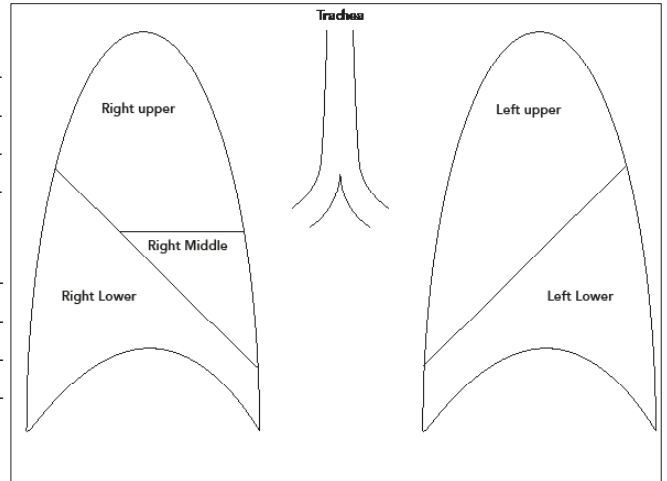
<b>02 Patient label</b> or <b>Name</b> _____ <b>Surname</b> _____ <b>Date of Birth</b> _____ <b>NHS number</b> _____ MANDATORY	<b>Contact Numbers</b> _____ Any Additional Information _____ _____ _____
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**03 MDT:**  Taunton  Gloucester  Bath  Weston  Southmead  Yeovil

**04 CT-SCAN** Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**05 PET-SCAN** Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**06 EBUS/BRONCHOSCOPY**  
\_\_\_\_\_



**07 TISSUE DIAGNOSIS**  Cytology  Histology   
Adeno/Squamous/Non small cell/Other \_\_\_\_\_

**08 LUNG FUNCTION**  FEV1 \_\_\_\_ (\_\_\_\_%pred)  FVC \_\_\_\_ (\_\_\_\_%pred)  
 TRANSFER FACTOR \_\_\_\_ (\_\_\_\_%pred)

**09 HISTORY**  None  Diabetes 1  Diabetes 2  Ischaemic heart disease  TIA/stroke   
 Hypertension  Other \_\_\_\_\_

**10 PS** \_\_\_\_\_

**11 PATIENT**  IS aware of the referral to surgery  
 IS NOT AWARE of the referral to surgery  
and will be informed by \_\_\_\_\_ on the \_\_\_\_/\_\_\_\_/\_\_\_\_

**12 OTHER INFORMATION** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Consultant Surgeon Name

\_\_\_\_\_  
Signature

Dear Colleague,  
I would be grateful if you could add this patient to the thoracic waiting list and see him/her in your outpatient clinic to discuss further surgery.

\_\_\_\_\_  
Consultant Physician Name

\_\_\_\_\_  
Signature

# BOOKING INFORMATION: THORACIC SURGICAL REFERRALS

CIRCLE APPROPRIATE

**Priority**      Routine      Urgent/Fast track      Very Urgent (within 7 days)

**Suspected Cancer**      Yes      No

## Thoracic Surgical Procedure

Anterior mediastinotomy	Mediastinoscopy	Sympathectomy
Bronchoscopy	Metastasectomy	Thoracostomy
Bronchoscopy and stent	Pectus repair: carinatum	Thymectomy
Bullectomy +/- pleurectomy	Pectus repair: excavatum	Thymoma excision
Chest wall biopsy	Pericardial window	Thyroidectomy
Chest wall resection	Pleural biopsy	Wedge resection
Decortication	Pleurx catheter	Other procedure (Specify)
Lobectomy	Pneumonectomy	_____
Lung biopsy	Plication of diaphragm	_____
Lung volume reduction: endo-bronchial valves	Resection of mediastinal mass	_____
Lung volume reduction: surgery	Rib resection and drainage	_____
	Segmentectomy	

**Approach**      Thoracotomy      VATS      Sternotomy      VIOLET  
Other \_\_\_\_\_

**Laterality**      Left      Right      Bilateral      N/A

**Waiting list type**      Pooled list      TJB      GC      DGW      RK      EI  
Named Surgeon

**Anaesthetic type**      GA      Local

**Theatre equipment required** \_\_\_\_\_

**HDU/ICU Required**      Yes ICU      Yes HDU      No

**Guidewire localisation**      Yes      No      **Suitable for standby admission**      Yes      No

**Will need cardiopulmonary exercise test**      Yes      No

**Is the patient vulnerable**      Yes      No

Additional Information

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