Royal National Orthopaedic Hospital NHS
NHS Trust

EMERGENCY ADMISSION & GA BIOPSY TRANSFER REFERRAL FORM - BTU London Sarcoma Service

Please fax completed forms to 020 8909 5324

Patient must be accepted by our consultant before transfer to the Trust.

Checklist details not completed may delay the transfer process.

RNOH USE ONLY
Ref No……………………..
Hosp No………..…………
Date ref.………..………..
Date trans………..……….
Acc by………………………

Patient Details
Surname : First Names:
Gender: Male / Female: DoB: NHS No:
Address:

Postcode: Tel: Ethnicity:
English speaking? ☐ yes ☐ no If interpreter required, give language:
Patient's residency and NHS entitlement status:

Hospital referring patient:
Referring Consultant:
Accepting Consultant:
SHO / Registrar to accepting team:
Bleep no:
Bed manager requesting transfer:
Contact details:
Ward patient currently on: Tel:

Reason for Referral

Diagnosis

Special requirements
Ongoing clinical issues

Functional ability

Elimination

Infection Status
MRSA status: ☐ neg ☐ pos ☐ ukn
Date of last swabs:
CPE screen: ☐ Yes ☐ No Result:
Hx of C.diff Infection? ☐ Yes ☐ No If yes please give date
Currently Isolated? ☐ Yes ☐ No
Diarrhoea & Vomiting ☐ Yes ☐ No
Any other infection control issue?

Other risk:
Cognitive screen (over 75): ☐ Yes ☐ No
(AMTS/MOCHA/6CIT) :
Pressure Ulcer/Skin Status:
Grade 1 ☐ **Grade 2** ☐ **Grade 3** ☐ **Grade 4**☐

Patient Medical Co-morbidities (continue on separate sheet if required)

G Fisher Dec 2014

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Bloods FBC/U&Es/LFTS/Albumin/Clotting/Bone Profile	
ASA score: Has Patient had an Anaesthetic & Medical Review ? Are they fit for Procedure?	 ☐ Yes ☐ No ☐ Yes ☐ No
VTE Prophylaxis: Doppler Studies/CTPA	☐ Yes ☐ No
Images linked to RNOH? Details	☐ Yes ☐ No
Present Performance status: Norm ADLS/Assisted Ambulatory/Wheelchair/Bed	
Oncologist Details (if applicable) Primary Site Treatment Intent: curative/palliative Prognosis Future Oncology plan	

Anticipated Location of transfer post RNOH I/P stay: Back to referring hospital/local rehab unit/local oncology unit/family/own home Other:		
Clinician Contact:	Name	Grade
Form completed by:		
	Phone/bleep	fax

For RNOH Bed Manager Use only

Admitting ward:	Side room required: ☐ Yes ☐ No
Actual date of surgery:	
Latest observations: B/P P Resp Oxygen	
Reasons for any delay transferring patient:	
Date contact made with referring hospital:	
Date of discharge:	

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