Skin Cancer Collective

Complex Skin Cancer MDM Referral

HOW TO REFER

The Skin Cancer Collective MDM is held fortnightly on Mondays at 8:00 am. To confirm the date of the next meeting, please contact the clinic on (03) 242 0717.
To refer a patient:

1. Complete this referral form.
2. **Submit the completed referral via ERMS (EDI: wakamole) by 12:00 pm on the Wednesday before the scheduled MDM.**

Before submitting, please ensure you have included:

- Completed referral form
- Relevant histopathology and imaging reports, where available
- Clinical photographs, where relevant
- A clear clinical question or reason for referral

Providing complete clinical information helps facilitate timely multidisciplinary review.

1. REFERRAL DETAILS

Date of referral:		**Requested MDM meeting date:**	
Urgent referral?	Choose an option...		
Referring clinician:		**Specialty / Dept / Practice:**	
Email:		**Phone:**	

2. PATIENT DETAILS

NHI number:		**Full name:**	
Date of birth:		**Age:**	
Gender:	Choose an item...	**Ethnicity:**	
Medical centre:		**Primary health practitioner:**	
Funding:	Choose an item...		

3. PATIENT CONSENT

Has the patient consented to being discussed at the Skin Cancer Collective MDM? (Referring clinician is responsible for obtaining patient consent for discussion at the multidisciplinary meeting)	Choose an option...
Has the patient been referred to this MDM previously?	Choose an option...

4. PATIENT ACCESS BARRIERS

☐ Cost / financial	☐ Transport / distance	☐ Geographic isolation	☐ Social deprivation
☐ Health literacy	☐ Language / interpreter	☐ Cultural needs	☐ None identified

5. REFERRAL ELIGIBILITY (TICK ALL THAT APPLY)

Melanoma		Non-melanoma skin cancer
☐ Management not straight forward ☐ Stage III cutaneous melanoma ☐ Stage IV cutaneous melanoma ☐ Desmoplastic melanoma	☐ Non-cutaneous melanoma ☐ Melanoma in patient under 25 years	☐ High-risk cSCC ☐ Locally advanced or metastatic cSCC ☐ Complex BCC ☐ Rare skin malignancy

Confidential — clinical use only. Store in patient medical record.
MDM recommendations to be communicated to referring clinician within 2 working days of MDM.

Skin Cancer Collective
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49 Papanui Road, Christchurch 8014
EDI: wakamole
03 242 0717
admin@skincancercollective.co.nz
www.skincancercollective.co.nz

6. CLINICAL SUMMARY

Primary diagnosis:

Primary site / anatomical location:

TNM stage (if known):					
T:		**N:**		**M:**	

Clinical summary (including relevant history, treatment, and factors influencing management e.g. recurrence, immunosuppression, organ transplant, genetic syndrome, significant co-morbidities)

ECOG performance status:	Choose an item...

7. PURPOSE OF MDM REVIEW (TICK ALL THAT APPLY)

☐ Pathology	☐ Radiology	☐ Surgery / Reconstruction
☐ Medical Oncology	☐ Radiation Oncology	☐ Other:

Pathology:	
Which specimen requires review:	
Lab / path ref:	

Radiology:					
Which imaging requires review:	☐ CT	☐ PET-CT	☐ MRI	☐ Ultrasound	☐ Other:
Imaging date(s):					

Surgery / Reconstruction:	
What requires review:	
Procedure performed / proposed:	

Medical Oncology / Radiation Oncology / Other	
What requires review:	

Specific question(s) for the MDM team:

Referrals out from MDM:
Our standard approach is that we will action on your behalf any referrals required or recommended by the MDM (and include details of any such referrals in our response to you following the MDM). If you would prefer that the MDM only replies to your referral with our recommendations, and that you action any referrals required, please tick the box below. ☐ I would prefer to action referrals myself, and only want recommendations from the MDM

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