

Myasthenia MDT Referral Form
Oxford University Hospital/Imperial College Healthcare NHS Trust

Please complete the following form for a patient to be discussed. Email the completed form to Francesca.ferguson@ndcn.ox.ac.uk OR mohammad.ashraghi@ouh.nhs.uk . Please ensure someone is available to discuss the case at the MDT.

Name of person submitting form:

Role of person submitting form:

- Consultant ☐
- SpR ☐
- SHO ☐
- Nurse specialist ☐

Name of consultant:

Referring Hospital:

- John Radcliffe Hospital ☐
- Charing Cross Hospital ☐
- St Mary's Hospital ☐
- Hammersmith Hospital ☐
- Other (Specify) ☐

Patient Name:

DOB:

Patient NHS number:

Reason for referral to MDT (e.g. management advice, education etc):

Brief Clinical summary:

Relevant laboratory results:

Relevant Neurophysiology (or submit with attached report if preferred):

Date discussed:

Persons in attendance:

Outcome (to be completed following discussion at MDT):