| Gold Coast Health  MULTIDISCIPLINARY  TEAM SUMMARY  Facility: | | | (Affix identification label here)  URN: {urn}  Family name: {familyName}  Given name(s): {givenNames}  Address: {address}  Date of birth: {dob} Sex:  M  F  I  Age: {age} | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Multidisciplinary Team Meeting:** | | | | | | | **Meeting date:** | |
| **Attendees**: | Dr Elizabeth Goulding  Dr Patricia Deonarine  Dr Timothy Willis | Dr Helen Green  Dr Sarah Leeson  Dr Marco Matos  CN Paula Murphy  Gynaeoncology registrar | | | Dr Leah Grace  Dr Preeti Bagga  Dr Tulasi Ramanarasiah | | | CNC Eilish Jacobs  Dr Sean Hill  Dr Shreya Armstrong  Medical Oncology Registrar |
| **Consultant:** | | | | **GP:** {gp} | | | | |
| **Specialist Dr:** | | | | | | | | |
| **Referred by:** {referrerName} | | | | **RE:** | | | | |
| **Diagnosis:** | | | | | | | | |
| **History:**  Age: {age} ECOG: {ecog} BMI: {bmi} Ethnicity/ATSI Status: {ethnicity}  Brief History: {history}  Comorbidities: {comorbities}  Surgical History: {surgicalHistory} | | | | | | | | |
| **Investigations:** (Please see referral guidelines for minimum investigations required)  Imaging: {#radiology}  {radType}, {radDate}{radDHB}. Findings: {radFindings}{/radiology}  Tumour markers & albumin: {markers}  Histology/Cytology:{#histology}  {histoType}, {histoDate}{histoDHB}. Findings: {histoFindings}{/histology} | | | | | | | | |
| **Procedure performed:** (Date, location, procedure, operative findings){#operation}  {opType}, {opDate} {opSurgeon}  Findings: {opFindings}{/operation} | | | | | | | | |
| **MDT questions:** {question} | | | | | | | | |
| **Histology / Radiology:** | | | | | | | | |
| **Recommendations:** | | | | | | | | |
| *These recommendations are the opinion of the multidisciplinary team based on the information available at the meeting. The final management decision will be made by the treating clinician in consultation with the patient. Please notify / consult with the MDT if any changes are made to the recommended treatment.* | | | | | | | | |
| Name (print): | | | | | | Designation: | | |
| Signature: | | | | | | Date: | | |