THE NORTH OF ENGLAND HEPATO-PANCREATICO-BILIARY CENTRE SAP-RC PATIENT PROFORMA

Patient Name:		Admission date:	
Date of birth:		Discharge date:	
MRN:	Hospital & Ward:		
NHS number:	Ward contact:		
Referral date:	Referring Consultant:		
Allocated Consultant:		Clinician contact:	
Admission reason:		Aetiology:	
Past Medical History:		Medications:	
Question for MDT:		Other info:	

Bloods:	Admission			Bloods:	Admission			
Amylase				CRP				
Sodium				WCC				
Potassium				RCC				
Chloride				Hb				
Urea				Haematocrit				
Creatinine				Platelets				
eGFR				Neutrophils				
Bilirubin				PT				
Total Protein				APTT				
Albumin				Fibrinogen				
ALT				Blood culture				
ALP								
Gamma GT								
Globulins								
Calcium								
Adjusted Ca								
Phosphate								
Mg		_						
Date: Imag	ging/Procedures: Findings:						PACS	
Date:	Date: Updates/MDM Outcomes:							
REFERRAL								
UPDATE								
OUTCOME								

The Newcastle upon Tyne Hospitals