CAR-T – Referral Template

Lymphoma

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Referral centre:** |  |
| **DOB:** |  | **Referring consultant:** |  |
| **NHS no:** |  | **Local CNS and contact details:** |  |
| **Pt phone no:** |  |

|  |  |
| --- | --- |
| **Diagnosis and disease narrative** | **Relevant medical history/comorbidities including recent positive microbiology** |
| **Current medications** |
| **Allergies** |
| **Thrombosis history** |
| **Smoking history** |
| **Social history** |

|  |
| --- |
| ***Further information*** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed by:** |  | **Date:** |  |