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**REFERRAL PROFORMA: LEEDS TEACHING HOSPITALS INHERITED WHITE MATTER DIAGNOSTIC & MANAGEMENT SERVICE (IWMD) – ADULTS**

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| **Patient**  Name:  DOB:  M/F:  NHS Number:  Address:  GP Contact Information: |
| **Clinical History**  Symptom Onset:  Suspected / Confirmed Diagnosis:  Clinical Question Concerning Management: |
| **Referral Information**  Name of Referring Clinician:  Referring Trust:  Date of Referral:  Address and Contact Information of Referrer: |
| **Relevant Clinical Investigations & Findings**  Before submitting this referral, please ensure the patient has been tested for the following to avoid unnecessary diagnostic delay:   * Blood tests for HIV, Syphilis, Hep B, Hep C, White Cell Enzymes, Amino Acids and Very Long Chain Fatty Acids * Urine Amino Acids   Please include all imaging reports and relevant blood test results with the referral.  **Imaging:**  **Genetic Testing:**  **Other Investigations:**  **All scans and reports should be transferred to LTHT via PACS** |

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| **Other Relevant Information Relating to Referral** |