

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

|  |
| --- |
| **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** |

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