

**KINGS COLLEGE HOSPITAL OROFACIAL PAIN MDT INTERNAL REFERRAL  
PROFORMA**

Please delete as appropriate: **OFP GENERAL** (Monday am) / **BMS (?)** / **TMD** (Tues am) / **PTN** (Thurs pm)

Initial Referrer and contact details:

Patient Name:

DOB:

Patient Address & postcode:

Patient phone number:

Mobile:

GP name:

GP Telephone:

GP Address & postcode:

Date seen on MDT:

Reason for referral to MDT:

**History of presenting complaint:**

**Medical History:**

**Current Medications:**

**Diagnosis/Histology:**

**Clinical Findings:**

**MDT decision:**

Signed (MDT team member):

Date: