

**EXPPECT EDINBURGH ENDOMETRIOSIS MDM REVIEW FORM**

***Please ensure that every question is answered or the form may be returned to you***

1. **Your name:**
2. **Your email address:**
3. **Patient name:**
4. **Patient CHI:**
5. **Current symptoms (tick all that apply): pelvic pain □dysmenorrhoea □deep dyspareunia □rectal pain □bladder pain □ other bladder symptoms □ subfertility □**
6. **Additional symptom information?**
7. **Parity:**
8. **Future fertility desire?**
9. **Details of any previous abdominal surgery:**
10. **BMI:**
11. **Significant medical history:**
12. **Medications tried so far:**
13. **Has the patient had a laparoscopy?**
14. **Date of SCIstore entry for lap images:**

***Any particularly relevant images please print (large) and enclose with form***

1. **Has the patient had a MRI?**
2. **If MRI out with Lothian are the images on PACS? If not please arrange.**
3. **Question to be answered by the MDM?**
4. **Is colorectal discussion needed?**
5. **Is urology discussion needed?**
6. **Any other relevant information?**

***Please return completed forms to loth.mdmendometriosis@nhslothian.scot.nhs.uk***