

Request for x-ray



Patient number:	
WLI number:	

Referrers are required to complete sections 1-4 accurately and legibly. Inadequately completed forms will not be accepted.

1 - Patient details

Title:		Forename:		Surname:	
DOB:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address:					
Postcode:		Tel (Home):		Mobile:	

Patient Identification For Kingsbridge Private Hospital use only.	I have confirmed the above patient's name, address and DOB. Signed:	<input type="text"/>
	Verified by patient: <input type="checkbox"/> If another/status:	<input type="text"/> Signed: <input type="text"/>

2 - Cautions (if none, tick here)

Diabetes mellitus: must be completed if patient is required to fast prior to procedure OR requires iv/a contrast media.

<input type="checkbox"/> No	If yes , controlled by:	<input type="checkbox"/> Insulin	Other cautions:	<input type="checkbox"/> Blind
		<input type="checkbox"/> Diet		<input type="checkbox"/> Deaf
		<input type="checkbox"/> Glucophage/Metformin		<input type="checkbox"/> Mobility
		<input type="checkbox"/> Other (please specify): _____		<input type="checkbox"/> Impaired Cognitive Functioning
				<input type="checkbox"/> Other (please specify): _____

Infection risk to staff: MRSA
 Category 3
 Other (please specify): _____

3 - Clinical details/notes: please include provisional diagnosis or indication and indicate results of previous tests/imaging if applicable.

LMP/Pregnancy status: _____

4 - Examination/procedure request:

Referrer (print name):		Signature:		Date:	
Address:				Post Code:	
Tel (home):		Mobile:			
Appointment date:		Appointment time:			

For operator/ practioner use only	Examination/procedure authorised by:	<input type="text"/>	Date:	<input type="text"/>
	(Subject to a decision to proceed following completion of pregnancy status section on reverse, if relevant.)			



For operator/practitioner use only

Pregnancy status

This section must be completed for a female aged 12 – 55 years for procedures in which the primary x-ray beam irradiates the area between the diaphragm and upper femora.

A Ascertain from the patient if she is:

- Definitely not pregnant (Complete B & D. Proceed with exposure)
- Definitely pregnant (Complete B & C)
- Might be pregnant (Complete B & C)

B Date of the first day of last menstrual period (LMP):

C Practitioner must review justification for the proposed exposure

- Justified (Complete D and proceed with exposure)

Practitioner's signature:

Out of hours: Discussed with:

Operator's initials: Date:

- Not justified proceed as follows:

D Patient's signature:

Operator's initials:

Date:

Pharmaceutical prescription and contrast administration

Name:	Strength:	Dose/QTY:	Batch # & Exp. date:	Drawn up by:	Checked by:
Prescriber's signature:			Administered by:		

Examination/procedure details

Date:	Examination:	kVp:	mAs:	DAP Screening:	Screening time:	# of images:	Operator:

Scan reporting and dispatch

Assigned to (Radiologist): <input type="text"/>	<input type="checkbox"/> Report sent	<input type="checkbox"/> Disc sent	Date: <input type="text"/>
Address sent to: <input type="text"/>			Post Code: <input type="text"/>

Notes

For Kingsbridge Private Hospital admin use:	This patient is:
	<input type="checkbox"/> Insured <input type="checkbox"/> Self Funding <input type="checkbox"/> WLI <input type="checkbox"/> Employer <input type="checkbox"/> Occ Health/Screen
	Insurance company/trust: <input type="text"/> Policy Number: <input type="text"/> Authorisation Number: <input type="text"/>

