

REFERRAL FORM

| PATIENT DETAILS | <u>.</u> | | | |
|---|--|---|--|---|
| Mr Mrs Miss Dr Other (please specify | ′): | | | |
| First name: | | | Pie | ease state which preferred site or tickif any site is acceptable |
| | | | | |
| | | | | |
| <u>□</u> Male □Female | | | | |
| Email: | | · | | |
| Tolophono: | | | | |
| Address. | | | | |
| Post code: | | | | |
| Policy number: | | | | |
| Authorisation code: | | | | |
| Self-pay/Insured: | | | | |
| Insurer name: | | | | |
| RELEVANT CLINICAL DETAILS | | | | |
| *Please ensure these boxes are co | ompleted | | | |
| *Justification for scan: | | | | |
| *Region(s) to be scanned: | | | | |
| MRI□ Ultrasound□ Echo□ |] X-Ray□ 24hrBPmor | nitoring 🗆 | СТ□ | 12hrECG□ 24hrECG□ 48hrECG□ DEXA□ |
| | | | | |
| | Additional requirements | □3T I | MRI | ☐Arthrogram ☐ Prostate imaging |
| | Is Gadolinium required? | | Yes | □No |
| | MHRA guidelines recommend all pati | ents (particular | rly those o | over 65) should be screened for renal dysfunction by obtaining a history, laboratory testing or both |
| 1 | | | • | , |
| Urgentscan? □Yes □No | Relevant previous imaging | g 🗆 | None / | / □ Film / □ Digital Date: |
| Urgent scan? □Yes □No | Relevant previous imaging | g 🗆 | None / | / □ Film / □ Digital Date: |
| | , , | <u> </u> | | / □ Film / □ Digital Date: equired to assess patient safety for MRI scans |
| | d by the MHRA, the referri | ing clinicia | ın is re | · |
| SAFETY CHECK as recommended Does the patient have a cardiac page | d by the MHRA, the referri | ing clinicia | ın is re | equired to assess patient safety for MRI scans |
| SAFETY CHECK as recommended | d by the MHRA, the referricemaker or valve? | ing clinicia □Yes | ın is re | equired to assess patient safety for MRI scans If 'yes' – unable to proceed with scan If 'yes' – unable to proceed with scan |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracrania | d by the MHRA, the referring the semaker or valve? al aneurysm eritone al shunt? | ing clinicia □Yes □Yes | ın is re □No | equired to assess patient safety for MRI scans If 'yes' – unable to proceed with scan |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracranic clip or a programmable ventriculope | d by the MHRA, the referricemaker or valve? all aneurysmeritoneal shunt? | or o | ın is re □No □No | equired to assess patient safety for MRI scans If 'yes' – unable to proceed with scan If 'yes' – unable to proceed with scan |
| SAFETY CHECK as recommended Does the patient have a cardiac pactor of the patient have an intracranial clip or a programmable ventriculoped Has the patient had a cochlear implementation. | d by the MHRA, the referring cemaker or valve? all aneurysm eritoneal shunt? lant or neurotransmitter? nent? | ing clinicia □Yes □Yes □Yes □Yes □Yes | n is re □No □No □No | equired to assess patient safety for MRI scans If 'yes' – unable to proceed with scan If 'yes' – unable to proceed with scan If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracrania clip or a programmable ventriculoped Has the patient had a cochlear implication of the patient have renal impairm | d by the MHRA, the referricemaker or valve? all aneurysm eritoneal shunt? ant or neurotransmitter? nent? ast 6 weeks? | ring clinicia | In is re □No □No □No □No □No | equired to assess patient safety for MRI scans If 'yes' – unable to proceed with scan If 'yes' – unable to proceed with scan If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracranial clip or a programmable ventriculoped. Has the patient had a cochlear implementation of the patient have renal impaired. Has the patient had surgery in the last the patient had a surgery in the last the | d by the MHRA, the referricemaker or valve? all aneurysm eritoneal shunt? ant or neurotransmitter? nent? ast 6 weeks? | ring clinicia | No No No | If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD If 'yes' – unable to proceed with scan If 'yes' – unable to proceed with scan If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracranial clip or a programmable ventriculoped. Has the patient had a cochlear impled to be patient have renal impairm. Has the patient had surgery in the last surgery in | d by the MHRA, the referricemaker or valve? all aneurysm eritoneal shunt? ant or neurotransmitter? nent? ast 6 weeks? | ring clinicia Tyes Yes Yes Yes Yes Yes Yes Yes | In is re □No □No □No □No □No □No | If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD If 'yes' – unable to proceed with scan If 'yes' – unable to proceed with scan If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, unable to proceed If 'yes'- intravenous contrast cannot be administered while |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracranial clip or a programmable ventriculoped. Has the patient had a cochlear impled to be patient have renal impaired. Has the patient had surgery in the last the patient had surgery in the last the patient breastfeeding? | d by the MHRA, the referricemaker or valve? all aneurysmeritoneal shunt? lant or neurotransmitter? nent? ast 6 weeks? bodies in the patient's eye? | ring clinicia Tyes Yes Yes Yes Yes Yes Yes Yes | In is re □No □No □No □No □No □No □No | If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD If 'yes' – unable to proceed with scan If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, unable to proceed If 'yes'- intravenous contrast cannot be administered while breastfeeding and the patient should contact LCAD for instructions |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracranial clip or a programmable ventriculoped. Has the patient had a cochlear impled to be patient have renal impaired. Has the patient had surgery in the last the patient had surgery in the last the patient breastfeeding? Is the patient breastfeeding? Is the patient pregnant? Is the patient involved in paid professor. | d by the MHRA, the referricemaker or valve? all aneurysmeritoneal shunt? ant or neurotransmitter? nent? bodies in the patient's eye? ssional sports? | ring clinicia Tyes Yes Yes Yes Yes Yes Yes Yes | In is re INO | If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD If 'yes' – unable to proceed with scan If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, unable to proceed If 'yes'- intravenous contrast cannot be administered while breastfeeding and the patient should contact LCAD for instructions |
| Does the patient have a cardiac pactor or a programmable ventriculope. Has the patient had a cochlear implement have renal impairm. Has the patient had surgery in the last the patient had surgery in the last the patient breastfeeding? Is the patient pregnant? Is the patient involved in paid profess. | d by the MHRA, the referricemaker or valve? all aneurysmeritoneal shunt? ant or neurotransmitter? nent? bodies in the patient's eye? ssional sports? | ring clinicia Tyes Yes Yes Yes Yes Yes Yes Yes | In is re | If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD If 'yes' – unable to proceed with scan If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, unable to proceed If 'yes'- intravenous contrast cannot be administered while breastfeeding and the patient should contact LCAD for instructions If yes please note that we cannot proceed with scan |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracranial clip or a programmable ventriculoped. Has the patient had a cochlear impled to be patient have renal impaired. Has the patient had surgery in the last the patient had surgery in the last the patient breastfeeding? Is the patient breastfeeding? Is the patient pregnant? Is the patient involved in paid professor. | d by the MHRA, the referring cemaker or valve? all aneurysm eritoneal shunt? lant or neurotransmitter? nent? ast 6 weeks? bodies in the patient's eye? ssional sports? S | ring clinicia Tyes Yes Yes Yes Yes Yes Yes Yes | In is re | If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD If 'yes' – unable to proceed with scan If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, unable to proceed If 'yes'- intravenous contrast cannot be administered while breastfeeding and the patient should contact LCAD for instructions If yes please note that we cannot proceed with scan |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracranial clip or a programmable ventriculoped. Has the patient had a cochlear impled by the patient have renal impaired. Has the patient have renal impaired. Has the patient had surgery in the last the patient had surgery in the last the patient breastfeeding? Is the patient breastfeeding? Is the patient pregnant? Is the patient involved in paid professor. REFERRING CLINICIAN'S DETAIL Mr Mrs Miss Dr Other (please specify Referrer name: | d by the MHRA, the referricemaker or valve? all aneurysmeritoneal shunt? ant or neurotransmitter? nent? ast 6 weeks? bodies in the patient's eye? ssional sports? S | ring clinicia Tyes Yes Yes Yes Yes Yes Yes Yes | In is re | If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD If 'yes' – unable to proceed with scan If 'yes' – unable to proceed with scan If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, unable to proceed If 'yes'- intravenous contrast cannot be administered while breastfeeding and the patient should contact LCAD for instructions If yes please note that we cannot proceed with scan |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracranial clip or a programmable ventriculoped. Has the patient had a cochlear impled by the patient have renal impaired. Has the patient have renal impaired. Has the patient had surgery in the last street a history of metallic foreign. Is the patient breastfeeding? Is the patient pregnant? Is the patient involved in paid professory. REFERRING CLINICIAN'S DETAIL Mr Mrs Miss Dr Other (please specify Referrer name: Specialty/profession: | d by the MHRA, the referricemaker or valve? all aneurysmeritoneal shunt? lant or neurotransmitter? nent? ast 6 weeks? bodies in the patient's eye? ssional sports? S '): | ring clinicia Tyes Tyes | In is re | If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD If 'yes' – unable to proceed with scan If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, unable to proceed If 'yes'- intravenous contrast cannot be administered while breastfeeding and the patient should contact LCAD for instructions If yes please note that we cannot proceed with scan |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracranial clip or a programmable ventriculoped. Has the patient had a cochlear impled by the patient have renal impaired. Has the patient have renal impaired. Has the patient had surgery in the last the patient had surgery in the last the patient breastfeeding? Is the patient breastfeeding? Is the patient pregnant? Is the patient involved in paid professory. REFERRING CLINICIAN'S DETAIL Mr Mrs Miss Dr Other (please specify Referrer name: Specialty/profession: Registration code: | d by the MHRA, the referricemaker or valve? all aneurysm eritoneal shunt? ant or neurotransmitter? nent? ast 6 weeks? bodies in the patient's eye? ssional sports? S /): | ring clinicia Tyes Yes Yes Yes Yes Yes Yes Yes | In is re | If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD If 'yes' – unable to proceed with scan If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, unable to proceed If 'yes'- intravenous contrast cannot be administered while breastfeeding and the patient should contact LCAD for instructions If yes please note that we cannot proceed with scan |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracranic clip or a programmable ventriculoped. Has the patient had a cochlear implement of the patient had a cochlear implement. Does the patient had surgery in the last the patient had surgery in the last the patient breastfeeding? Is there a history of metallic foreign. Is the patient pregnant? Is the patient pregnant? Is the patient involved in paid profest. REFERRING CLINICIAN'S DETAIL Mr Mrs Miss Dr Other (please specify Referrer name: Specialty/profession: Registration code: Hospital/practice: | d by the MHRA, the referring cemaker or valve? all aneurysmeritoneal shunt? lant or neurotransmitter? nent? ast 6 weeks? bodies in the patient's eye? | ring clinicia Tyes Yes Yes Yes Yes Yes Yes Yes | In is re | If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD If 'yes' – unable to proceed with scan If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, unable to proceed If 'yes'- intravenous contrast cannot be administered while breastfeeding and the patient should contact LCAD for instructions If yes please note that we cannot proceed with scan |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracranial clip or a programmable ventriculoped. Has the patient had a cochlear impled by the patient have renal impaired. Has the patient had surgery in the last state patient had surgery in the last state patient breastfeeding? Is the patient breastfeeding? Is the patient pregnant? Is the patient involved in paid professory. Referrer name: Specialty/profession: Registration code: Hospital/practice: Email: | d by the MHRA, the referricemaker or valve? all aneurysm eritoneal shunt? ant or neurotransmitter? nent? ast 6 weeks? bodies in the patient's eye? ssional sports? S /): | ring clinicia Tyes Yes Yes Yes Yes Yes Yes Yes | In is re | If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD If 'yes' – unable to proceed with scan If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, unable to proceed If 'yes'- intravenous contrast cannot be administered while breastfeeding and the patient should contact LCAD for instructions If yes please note that we cannot proceed with scan |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracranial clip or a programmable ventriculoped. Has the patient had a cochlear impled to be patient have renal impaired. Has the patient had surgery in the laward of the patient breastfeeding? Is the patient breastfeeding? Is the patient pregnant? Is the patient involved in paid profestory of the patient involved in paid profestory. REFERRING CLINICIAN'S DETAIL Mr Mrs Miss Dr Other (please specify Referrer name: Specialty/profession: Registration code: Hospital/practice: Email: Address: Doct code: | d by the MHRA, the referricemaker or valve? all aneurysmeritoneal shunt? lant or neurotransmitter? nent? ast 6 weeks? bodies in the patient's eye? ssional sports? S '): | ring clinicia Tyes Yes Yes Yes Yes Yes Yes Yes | In is re INO | If 'yes' – unable to proceed with scan If 'yes' – unable to proceed with scan If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD If 'yes' – unable to proceed with scan If 'yes' – unable to proceed with scan If 'yes' – unable to proceed with scan If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, unable to proceed If 'yes'- intravenous contrast cannot be administered while breastfeeding and the patient should contact LCAD for instructions If yes please note that we cannot proceed with scan |
| SAFETY CHECK as recommended Does the patient have a cardiac pace Does the patient have an intracranial clip or a programmable ventriculoped. Has the patient had a cochlear implement of the patient have renal impaired. Has the patient had surgery in the last state patient had surgery in the last state patient breastfeeding? Is the patient breastfeeding? Is the patient pregnant? Is the patient involved in paid professory. REFERRING CLINICIAN'S DETAIL Mr Mrs Miss Dr Other (please specify Referrer name: Specialty/profession: Registration code: Hospital/practice: Email: Address: Post code: Tel: | d by the MHRA, the referricemaker or valve? all aneurysm eritoneal shunt? ant or neurotransmitter? nent? ast 6 weeks? bodies in the patient's eye? ssional sports? S /): | ring clinicia Tyes | In is re INO | If 'yes' – unable to proceed with scan If 'yes' – an extrapolated GFR should be determined from the serur creatinine and discussed with LCAD If 'yes' – unable to proceed with scan If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, unable to proceed If 'yes'- intravenous contrast cannot be administered while breastfeeding and the patient should contact LCAD for instructions If yes please note that we cannot proceed with scan |

If requesting an MRI referral for the above patient I have understood the contraindications for MRI scans and, where requested, the implications and side effects associated with the administration of intravenous Gadolinium.