

MRI and Ultrasound Self-Referral – Patient Information

Increasingly patients wish to take greater control of their own health and are becoming more aware of the opportunities to self-investigate their health issues, or simply reassure themselves that they are well.

To this end, Vista Health will offer MRI and Ultrasound scans to the general public on a self-referral basis.

We welcome patients (“you”) who wish to refer themselves for MRI and Ultrasound scans. You need to be aware of and agree to the following important information prior to proceeding with a self-referral booking:

1. Scans will only be offered to all those aged 18 and above.
2. MRI and Ultrasound are extremely safe and doesn't involve any radiation exposure.
3. You will need to complete a self-referral form, detailing the reasons why you wish to have a scan. If it is for a medical complaint, this should be self-documented. If it is for reassurance, that too should be stated.
4. We will not accept self-referrals from you if you are engaged in professional sports or for anything connected with a professional sports club of which you are a member.
5. Scans will only be performed on the areas which we routinely scan. The self-referral form will be protocolled and you will be advised if we are unable to proceed with the requested examination.
6. Self-referrals will not be accepted if you have cancer or a long term medical condition related to the area of concern, nor do we carry out obstetric ultrasound scans.
7. You accept you are solely responsible for selecting the area you want to be scanned and that you are not relying on any input in this regard, whether clinical or otherwise, from Vista Health.
8. You must be registered with an NHS GP, to whom a copy of the report will be sent and with whom all discussions about your future care must take place. We cannot enter into any such discussions with you.

Vista Health

Beechwood Hall, Kingsmead Road, High Wycombe, Buckinghamshire, HP11 1JL

Tel: 01494 560000

Email: booking@vista-health.co.uk

Registered office London, UK Number: UK00003336278

9. We cannot perform scans if you cannot, or do not wish to provide the name of your GP.
10. You will be required to complete a safety questionnaire at the time of booking which may exclude you from proceeding with the scan or delay it, depending on the information you provide. It is very important that you tell us about anything which could affect our ability to scan you safely.
11. You must understand that MRI scans may on occasion identify unexpected abnormalities which may or may not require further investigation. If so, these findings will be identified on the report and any recommendations arising will be followed up by your GP.
12. You may bring a friend or relative with you, who may, if required, stay with you for the scan itself, subject to safety checks. Unfortunately, you may not bring children under the age of 16 to accompany you.
13. You must provide us with your contact details, and you will be asked to confirm your appointment 48 hours prior to the scan.
14. If you cancel your appointment with less than 48 hours' notice charges will occur that you will have to pay. This will be subject to discretion for unavoidable absence due to illness, travel disruption etc.
15. You will normally receive a CD containing your images following the appointment and the radiology report will be sent to you within 48 hours of the investigation. A copy of the report will also be sent to your GP.

By signing the referral form below, you acknowledge that you have both read and agree to the above information.

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Telephone:	0333 200 2064
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Your details	
Title:	Date of Birth:
First Name:	Gender:
Surname:	NHS number:
Address:	Landline number:
	Mobile number:
Postcode:	Email:
<i>All information is treated in strict confidentiality and will only be shared with third parties who are involved in your care.</i>	
Examination requested:	
<p>Any specific requirements, please tick - mobility language sight hearing</p> <p>Which type of examination do you require? MRI Ultrasound</p>	
<p>Area to be scanned:</p> <p>Why do you want the scan?</p>	
Safety details	
Do you have cochlear implants, aneurysm clips, or a pacemaker?	
Have you ever had metallic objects enter your eye?	
Do you have a history of cancer or a long term medical condition related to the area to be scanned? Please specify	
Could you be pregnant?	
Are you engaged in professional sports/member of a professional sports club?	
NHS GP:	
Name:	Phone Number:
Address:	Email/Fax:
<p>It is a requirement that we communicate results to your NHS GP in order that they can make recommendations about your future care. By signing below you acknowledge and accept that:</p> <ul style="list-style-type: none"> · A copy of your report will be sent to your GP · Neither the radiographer who has conducted the scan/form or the radiologist reporting it is able to discuss the findings of the scan with you; and · You have read and understood the Patient Information which you signed at the time of booking your scan. 	
Signed:	Date: