AFFIX PATIENT LABEL HERE

IMAGING REQUEST FORM

THE LISTER HOSPITAL chelsea

part of HCAHealthcare UK

Please select facility and forward appropriately

The Lister Hospital, Chelsea Bridge Road, London, SW1W 8RH
Lister.imagingadmin@hcahealthcare.co.uk
Tel: 0207 7303759 ☐

Chelsea Outpatient Centre, 280 Kings Road, Chelsea, London, SW3 5AW
Lister.imagingadmin@hcahealthcare.co.uk
Tel: 02073493851 ☐

Chiswick Medical Centre, Bond House 347-353 Chiswick High Road, London, W4 4HS
Chiswick.Imaging@hcahealthcare.co.uk
Tel: 020 3947 4429 ☐

PLEASE SEND ALL RELEVANT IMAGING WITH THE PATIENT

Patient name: ....

DoB: D D M M Y Y Y Y

Hospital No: X ....

Address: ....

....

Daytime Tel: .... Mobile: ....

Email: ....

Sex: Male ☐ Female ☐ Prefer not to say ☐

Other(please state) ☐

Inpatients

Walk ☐ Chair ☐ Bed ☐ Portable ☐ 02 ☐

Source Isolated ☐ Room No. ☐

Referring Doctor: ....

GMC Number: ....

Address for results: ....

....

Tel: ....

Email: ....

Does this patient have any contraindications to MRI?

☐ NO ☐ YES (*if yes please provide further info below)

....

....

MRI: Your patient may not be scanned if you do not indicate any contraindications.

Examination required:

Clinical indication:

Examinations **cannot** be performed without sufficient information in line with the Ionising Radiation (Medical Exposure) Regulations

Preferred Radiologist: ....

Is patient diabetic? Yes ☐ No ☐

Is the diabetes controlled by:

Diet ☐ Insulin ☐ Medication ☐

Signed by referrer: ....

Date: D D M M Y Y Y Y

RADIOLOGY USE ONLY

LMP Date: D D M M Y Y Y Y

Could you be pregnant? Yes / No

Are you breastfeeding ? Yes/No

Signed by patient: ....

Authorised by: ....

Radiographer: ....

Justified by: ....

Date: ....

Radiation Dose/Time: ..../........................

PACS Checked for previous images? YES / NO

If Yes, date & type of previous Images: SIGN

Bloods

Creatinine: .... Date: ....

Platelets: .... Date: ....

I.N.R: .... Date: ....

eGFR: .... Date: ....

Contrast Amount:

STICKER mls

Reaction? ....

Duties of the Referrer Under IR(ME)R

The Imaging Department operates in accordance with the requirements of the **Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)**. Therefore your attention is drawn to the following points.

Referrals

- A request for a radiological investigation will be regarded as a request from a registered medical practitioner, dental practitioner or other registered health professional to the Imaging Department for an opinion to assist in the clinical management of a patient.
- Radiological investigations will only be undertaken upon receipt of a written request signed and dated by a registered medical practitioner or other registered health professional who has a referral agreement with the department.
- Referrals, request form or headed letter, must precede or accompany the patient. Faxes are accepted. The request should be clear and legible.
- All requests must have adequate clinical information to justify the examination based on the Royal College of Radiologist's Guidelines - **"iRefer: Making the best use of clinical radiology"** [1]
- All requests must clearly state the modality required to undertake the examination. All requests must be marked with the referrers contact details.

Females of Childbearing age

- For X-Ray examinations between the diaphragm and the knee, all requests must state the date of the first day of the patients last menstrual period.

Clinical Justification of Requests

- Under the IR(ME)R,all imaging requests must be justified by an imaging department practitioner to ensure that there is a net benefit, from the examination, to the patient. Therefore, any requests that are illegible, unsigned or lacking the required information will be returned.

[1] Available from the Imaging Department.

Informed patient consent for paediatric CT scan

Following careful consideration of your child's unique medical needs, this CT examination is the best procedure to answer the clinical question which has been explained to you by your Consultant.

CT examinations are very quick, and are therefore particularly well suited for very young or ill patients who have difficulty remaining still for long periods of time. While there are other imaging examinations that do not use radiation, this particular test will best provide us with the information needed. Although it is desirable to avoid repeated CT scans, the dose of radiation from a CT scan is very low.

I have considered alternative tests and concluded that this is the examination indicated for your child. This imaging facility uses equipment, protocols and techniques suitable for children.

Consultant Signed ____________________________________

Patient parent/guardian: ____________________________________

RAD-REQFRM