

RADIOLOGY REQUEST FORM

In line with IR(ME)R 2000, 3 forms of ID must be provided

Patient Name:.....

DOB: ..... X Number: .....

Address: .....

.....

Contact Numbers:.....

Category: Insured ☐ Self-funding ☐ Embassy ☐

Examination(s) Required:

eGFR: ..... Dated .....

Allergies:.....

Clinical Information:

Examinations cannot be performed without relevant clinical information and Referrers signature (IR(ME)R 2000).

Referrers Signature:.....

Print Name:.....

Contact Number:..... Date: .....

Radiology Appointment:

Date: ..... Time: .....

Referring Doctor:.....

Specialty:.....

Address: .....

.....

Tel: .....

Fax: .....

In-Patients Room Number:..... Portable ☐

Walking ☐ Wheelchair ☐ Trolley ☐ O<sub>2</sub> ☐ Infectious ☐

Radiology use only.

For MRI Referrals:

Pacemaker/AICD Y/N Details.....

.....

Intracranial/vascular  
Clips Y/N Details.....

.....

Metal Implants Y/N Details .....

.....

Intraorbital FB Y/N Details.....

.....

Previous Surgery Y/N Details.....

.....

For Females 12-55 Years

Could you be pregnant? Authorised by:.....

Yes ☐ No ☐ Date:.....

LMP: ..... DAP: .....

Signed: ..... Radiographer:.....

# Chiswick Medical Centre

HCAHealthcare uk

## RADIOLOGY REQUEST FORM GUIDELINES

The Radiology Department would like all referrers to be aware of the following guidelines that are in accordance with the **Ionising Radiation (Medical Exposures) Regulations 2000**.

Referrals:

- A request for a radiological examination will be regarded as a request from a registered healthcare professional to the radiology department for an opinion based upon a radiological examination to assist in the management of a clinical problem.
- Diagnostic imaging or radiological procedures will only be performed upon a written request signed by a registered healthcare professional who has been recognised as a referrer by the Hospital.
- Referrals (request form or letter) must precede or accompany the patient. Faxes are accepted.
- All requests must carry **at least** 3 pieces of information to identify the patient. This normally consists of first name, middle name if any, and family name, date of birth and address.
- All requests must carry sufficient clinical information to enable the requested examination to be justified.
- Referral criteria are based on The Royal College of Radiologists' Referral Guidelines - 'Making the Best Use of Clinical Radiology'. These guidelines are available on-line (RCR website) and upon request from the radiology department.
- All requests shall clearly state the examination requested.
- All requests must include contact details of the referring clinician including address and telephone number.

### Females of Childbearing Age (12 – 55 years)

- All requests for x-ray examinations using ionizing radiation for females of childbearing age (12-55yrs) must state the date of the first day of the patient's last menstrual period.

### Clinical Justification of Requests

- All requests for imaging will be assessed **prior to exposure** by the appropriate practitioner for the examination to ensure that they meet with the Royal College of Radiologists' Guidelines and any local guidelines and that, in their professional judgement, they are clinically justified (Royal College of Radiologist Publication: BFCR (00)5).
- In response to the **MHRA Drug Safety Update 2007**, we can only administer **IV Gadolinium** to MRI patients if their Renal Function has a calculated eGFR above 30mL/min/m2.

