GP Imaging Referral

PLEASE COMPLETE A SEPARATE REFERRAL FOR EACH IMAGING MODALITY REQUIRED

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

PATIENT DETAILS

Name:	
Date of Birth:	
Address & Post-code:	
NHS Number:	
Gender:	
Contact Number:	**Home:**
	Mobile:
Mobility:	☐ Walk ☐ Chair ☐ Stretcher Hospital Transport: Yes ☐ No ☐
Additional needs:	☐ Sight ☐ Hearing ☐ Interpreter Language _____ ☐ Mental Health _____
Patient medical status:	**Allergies:** _____ **Pregnancy:** Yes ☐ No ☐ **Last Menstrual period date:** _____ **Asthmatic:** Yes ☐ No ☐ **Diabetic:** Yes ☐ No ☐
MRI Safety Checks: **(If applicable)**	**Pacemaker** ☐ **Defibrillator** ☐ **Aneurysm Clips or Coils** ☐ **Programmable Hydrocephalus Shunt** ☐ **Neuro Stimulator** ☐ **Cochlear Implant** ☐ **Proven Intra-orbital metallic fragment** ☐ **Recent Surgery (Last 3 months):** _____ **Other Implant (please state):** _____

REFERRER DETAILS

GP Name:	
GMC Number:	
GP Practice address & postcode:	
GP Practice code:	
GP Practice telephone number:	
GP Practice NHS email address:	
Date of Referral:	

EXAMINATION REQUESTED

X-RAY

- **HIP** ☐
- **KNEE** ☐

MRI

- **KNEE** ☐ *(Complete MRI SAFETY)*

Patients over 50 years require x-ray in the first instance.

ULTRASOUND

- **ELBOW** ☐
- **HAND/WRIST** ☐
- **FOOT/ANKLE** ☐
- **HIP** ☐
- **KNEE** ☐
- **SOFT TISSUE LUMP** ☐

SHOULDER— *Please use dedicated referral form*

CLINICAL INDICATIONS

Referral should only be made in line with The Royal College of Radiologists Imaging Referral Guidelines

REFERRER DECLARATION

Please confirm and tick all of the below:

- ☐ GP Practice email has been included to allow communication of urgent findings and also to communicate back to the GP Practice if the investigation has been rejected.
- ☐ Once completed, the signed form will be emailed to the address below.
- ☐ I understand that failure to complete the form fully and correctly will result in rejection and the form being returned.
- ☐ If ionising radiation is used, I have explained the risks and benefits to the patient as per IR(ME)R

REFERRERS SIGNATURE: **PRINT NAME:** **DATE:**

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