MRI/ X-ray/Ultrasound Referral Form

boumric
Bromsgrove Open Upright MRI Centre
SCAN WHILE YOU STAND

Surname.....

First name.....

DoB.....☐ **Male**☐ **Female**

Hospital number.....

Address.....

.....

.....**Post code**.....

Tel home.....**Tel work**.....

Tel mobile.....

Appointment Date.....

Appointment time.....

Are you fully mobile? ☐ Yes ☐ No

What is your weight.....

To be completed for female patients

Do you think may be pregnant? ☐ Yes ☐ No

If yes: ☐ **X-ray now** ☐ **Wait next LMP**

1st day LMP (date).....

Are you breast feeding? ☐ Yes ☐ No

Do you have a IUCD ☐ Yes ☐ No

Signature.....Date.....

Examination requested

Clinical Information

Referrer's declaration (NB: This form is a legal document)

- The correct patient details have been given
- I have discussed the examination with the patient/guardian
- I have taken into account the possibility of pregnancy
- I have given sufficient clinical information for the request to be justified into according to IR (MER)R 2000

Referees' name and address (or stamp)

Signature.....Date.....

Name.....

Address.....

Safety information (to be completed by referring clinician)

DOES THE PATIENT HAVE ANY OF THE FOLLOWING?

A pacemaker ?	☐Yes ☐No
Cochlear implants?	☐Yes ☐No
Neurostimulator?	☐Yes ☐No
Programmable hydrocephalus shunt ?	☐Yes ☐No
Proven Intra-orbital foreign body?	☐Yes ☐No
Intracranial surgery?	☐Yes ☐No
Metal Implant in the body	☐Yes ☐No
Valve replacement	☐Yes ☐No
Medicated patches on skin	☐Yes ☐No
Drug infusion pump	☐Yes ☐No
Any foreign implants	☐Yes ☐No

Additional Information.....

If contrast is required

Diabetes	☐Yes ☐No
Kidney dysfunction	☐Yes ☐No
Any drug allergies?	☐Yes ☐No
Renal dialysis?	☐Yes ☐No

Website
www.bromsgroveopenuprightmri.com

Address
Bromsgrove Private Clinic, 27, New Road, Bromsgrove, B60 2JL

Telephone number
800 8 250 250