

Direct Access Non-Obstetric Ultrasound Referral Form

Patient details		Referrer details	
Mr. ☐ Miss. ☐ Mrs. ☐ Ms. ☐ Other ☐ _____		Name: Dr. Uchenna Ota	
Forename: Katrina		Address: St Georges Medical Centre	
Surname: Margery		St Georges Avenue Sheerness Kent	
Address: Manor Way		Postcode: ME12 1QU	
Sheerness Kent		GP Practice Code: G82057	
Postcode: ME12 4QQ		Tel: 01795 582880	
Birth Date: 24-May-1967		Fax: 01795 663221	
Tel (Home): 01795511482		NHS email (for receipt of an electronic report):	
Tel (Work):		@	
Tel (Mobile): 07851395901		Date of Referral: 25-Jun-2015	
Email Address:			
Gender: Male ☐ Female ☐			
NHS Number: 400 067 0514			
BMI: 24.28		Assistance Required: Yes ☐ No ☐	
Ethnicity:		Interpreter Required: Yes ☐ No ☐	
First Language:		Chaperone Required: Yes ☐ No ☐	
Ultrasound Scan Request (excludes referrals for breast, obstetric, cardiac imaging, chest, ophthalmology, superficial lumps in the neck, axilla or groin and thyroid. Please tick type of ultrasound required)		Clinical Condition / Symptoms and Clinical Indication (including relevant previous medical history): Has had pain right lower anterior lateral chest wall, shortness of breath. Unable to lie on right side. H/O of 3 fractured ribs 7 months ago. Please scan to assess liver.	
Abdomen ☐	Female Pelvis ☐	What question would you like this examination to answer?	
Renal Tract ☐	Bladder pre-/post-micturition ☐		
MSK (No Necks) ☐	Groin/Abdominal Wall ☐		
Aorta/Vascular ☐ (Includes suspected DVT)	Scrotal ☐		
ALL PATIENTS WILL BE OFFERED AN APPOINTMENT WITHIN 10 – 20 WORKING DAYS OF REFERRAL RECEIPT			
Preferred Clinic Location – West Kent (Please tick one or more)			
Kings Hill Medical Centre, West Malling ☐	New Ash Green Surgery, Longfield ☐	St Johns Medical Practice, Sevenoaks ☐	
Memorial Medical Centre, Sittingbourne ☐	Newton Place Surgery, Faversham ☐	St Stephens Health Centre, Ashford ☐	
Minister Medical Centre, Sheerness ☐	St Georges Medical Centre, Sheerness ☒	Woodlands Family Practice, Gillingham ☐	
Please send your request form via fax to 01233 220 616 or email our Referral Management Team,			
Signature: _____		on communityoutpatients@nhs.net Date: 25-Jun-2015	

To speak to our Referral Management Team directly please call **01233 754 499**.

For referrals by post, use our pre-paid service by simply writing **FREEPOST COMMUNITY OUTPATIENTS** on an envelope and post

--

Please send your request form via **fax to 01233 220 616** or email our Referral Management Team,
on **community.outpatients@nhs.net**

To speak to our Referral Management Team directly please call **01233 754 499**.

For referrals by post, use our pre-paid service by simply writing **FREEPOST COMMUNITY OUTPATIENTS** on an envelope
and post