

Radiology Referral Form

Appt. Details

NHS
 Highland

Patient Add: CHI: 1508773076 15/08/1977 LEITCH Royal An Lochan, t: ROBERT PA21 1BE Dr Alida MacGregor, 69540 Kyles Medical Centre, PA21 2BE 04/10/2016 14:08. Practice: 84773		CHI DOB ☐ ☐ ☐ ☐ ☐ ☐ / ☐ ☐ ☐ ☐ ☐ ☐ Tel: 07867 301185 Patients preferred method of contact. Details:		Transport ☒ Patient type ☒ Bed NHS Trolley PP Wheelchair Cat 2 Walking Research Portable Medico-legal O2	
Male ☐ Female ☐		OP ☒ AE ☐ GP ☐		Hospital transport required Y / N	
INVESTIGATION REQUESTED : UPPER ARDO USS PLEASE				GP Stamp here please Dr A MacGregor Dr N Hallum Kyles Medical Centre Tighnabruach PA21 2BE Tel: 01700 811207 Fax: 01700 811766	
Consultant :					
Clinical Summary / Question to be answered 39 ♂ abnormal LFTs and clotting Tee-total for 15 years but legacy of 10 years heavy alcohol use. ? Liver pathology					
Infection Status Y / N If YES to infection - Type? :				Urgent ☐ Routine ☒ Cancer Tracking Tool ☐	
Pregnant Y / N Significant Disability Y / N Description :				Previous Examinations	
Please indicate if patient weight is over 24 stone / 150 kg :					
Safety Questionnaire for CT, IVU, Barium, Angio.					
Please complete for all contrast exams by circling Y or N			MRI Safety Questionnaire - CONSULTANT REFERRAL ONLY		
Previous Contrast Reaction Y N			Pacemaker or automatic defibrillator Y N		
Known Allergies / Severe Asthma Y N			Surgical clips, aneurysm clips, intracranial or vascular clips Y N		
Diabetes Y N			A middle ear implant Y N		
On Metformin Y N			Metal implants eg: hip joint, Harrington rods Y N		
On Anti-coagulant/Anti-platelet drug Y N			A nerve stimulator Y N		
For invasive procedures, last coagulation results : Platelets PT..... PTT..... Fibrinogen..... Date :			Artificial heart valve Y N		
Renal Function eGFR..... Date :			Has the patient had an operation in the last 6 weeks Y N		
If eGFR < 60 have you considered stopping nephrotoxic drugs for 48 hrs?			Has the patient ever had metal fragments in the eye? Y N		
			Does the patient suffer from claustrophobia? Y N		
			If Yes to any of the above, give details:		
Please tick if medical or non-medical. Signature and printed name mandatory					
Medical Referrers ☒			Non-Medical Referrer ☒		
Signature: <i>Alida MacGregor</i>			Tel/Ext No 1		
Print Name and DR ALIDA MACGREGOR			Bleep No		
Practitioner			Date 04/10/2016		
Protocol (for radiology use only) :			Date		