



Imaging Request Form

FOR IMAGING USE ONLY

PATIENT DETAILS		IMAGING APPOINTMENT DETAILS	
TITLE	SURNAME	DATE	TIME
FORENAME		REFERRING DOCTOR	
DoB	HOSP NO	ADDRESS FOR RESULTS	
ADDRESS			
		TEL NO	FAX NO
POSTCODE	TEL NO	NEXT APPOINTMENT WITH DR	
EXAMINATION(S) REQUIRED			
<p>CLINICAL INDICATION What clinical question do you require answering?</p> <p>DR'S SIGNATURE _____ DATE _____</p> <p><small>Examinations cannot be performed without sufficient relevant clinical information and a doctor's signature in line with the Ionising Radiation (Medical Exposures) Regulations 2000</small></p>			
<p>FOR FEMALES (12 – 55 YRS) Could you be pregnant?(please tick) NO YES</p>			
SIGNED		DATE	DATE OF LMP
<p>MRI Does the patient have any of the following contraindications? (please tick)</p> <p>HISTORY OF INTRAORBITAL FB INTRACRANIAL CLIPS PACEMAKER PROSTHETIC HEART VALVE PREGNANCY</p>		<p>IV CONTRAST (Iodine or Gadolinium) All patients need to have their Renal Function measured prior to administration of IV Contrast. We can only administer IV Contrast to patients if their Renal Function has a calculated eGFR above 30mL/min/m2. Please confirm that IV Contrast can be administered to your patient. (please tick) NO YES</p> <p>DR'S SIGNATURE _____ DATE _____</p>	
JUSTIFIED BY		BARIUM ENEMAS, MRI BOWEL STUDIES & CT PNEUMOCOLON EXAMINATIONS	
RADIOGRAPHER		We routinely administer Kleanprep or Picolax bowel preparation for these examinations.	
DATE		Please confirm that it is suitable for this patient. (please tick) NO YES	
PROTOCOLED BY		DR'S SIGNATURE _____ DATE _____	

Our GP Liaison department offers GPs, patients and healthcare professionals a fast and efficient referral service to The Lister Hospital's consultants.

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Guidance Notes for Referrers

The Lister 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 one clinician or health 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 medical or dental practitioner or by an authorised non-medical practitioner.
- Referrals (request form or letter) must precede or accompany the patient. Faxes are accepted.
- All requests must carry sufficient 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' Guidelines – 'Making the best use of a Department of Clinical Radiology: Guidelines for Doctors'.
- 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 (between the diaphragm and the knees) for females of childbearing age (12-55 yrs) must state the date of the first day of the patient's 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.*).

The Lister Hospital

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