

Request for Ultrasound



Patient ref number

WLI number

Referrers are required to complete sections 1-4 accurately and legibly. Inadequately completed forms will not be accepted.

1. Patient Details - print or affix addressograph or label

Title	<input type="text"/>	Forename	<input type="text"/>	Surname	<input type="text"/>	
DOB	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Address	<input type="text"/>				Postcode	<input type="text"/>
Tel (Home)	<input type="text"/>	Tel (Mobile)	<input type="text"/>			

Patient Identification - For Kingsbridge Private Hospital use only.

I have confirmed the above patient's name, address and DOB.			Signed	<input type="text"/>
<input type="checkbox"/> Verified by patient	If another/status	<input type="text"/>	Signed	<input type="text"/>

2. Cautions (if none, tick here)

Pregnancy Yes No Date of LMP:

Infection Risk MRSA Category 3 Other

Other Cautions Blind Diabetes Impaired cognitive function Asthma Deaf Mobility Bronchospasm

Allergies (please specify)

Other (please specify)

3. Clinical details/notes. Please include provisional diagnosis or indication and indicate results of previous tests/imaging if applicable.

ECG Report

Chest x-ray report

Referrer (print name)	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>			Postcode	<input type="text"/>

4. Examination/procedure request:

Referrer (Print Name)	<input type="text"/>	Signature	<input type="text"/>
Date device fitted	<input type="text"/>	Date device due back	<input type="text"/>

For operator/practitioner use only

Examination/procedure authorised by	<input type="text"/>	Date	<input type="text"/>
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(Subject to a decision to proceed following completion of pregnancy status section on reverse, if relevant.)

Assigned to (Radiologist)

Reported Report sent Disc sent Date Sent

Address sent to Postcode

Tel (Home) Tel (Mobile)

Pharmaceutical prescription and contrast administration

Name	Strength	Dose/QTY	Batch no. & exp. date	Drawn up by	Checked by
Prescriber's signature			Administered by		

Pharmaceutical prescription and contrast administration

<input type="checkbox"/> Aorta	<input type="text"/>	<input type="checkbox"/> Gall bladder	<input type="text"/>
<input type="checkbox"/> IVC	<input type="text"/>	<input type="checkbox"/> CBD	<input type="text"/>
<input type="checkbox"/> Liver	<input type="text"/>	<input type="checkbox"/> Pancreas	<input type="text"/>
<input type="checkbox"/> Left kidney	<input type="text"/>	<input type="checkbox"/> Right kidney	<input type="text"/>
<input type="checkbox"/> Spleen	<input type="text"/>	<input type="checkbox"/> Bladder	<input type="text"/>
<input type="checkbox"/> Uterus	<input type="text"/>	<input type="checkbox"/> Prostate	<input type="text"/>
<input type="checkbox"/> Left ovary	<input type="text"/>	<input type="checkbox"/> Right ovary	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>		

For Kingsbridge Private Hospital use only.

This patient is:

Insured Self-funding WLI Employer Occ Health/Screen

Insured company/trust

Policy Number Authorisation Number