

Imaging Request Form

Please email completed form to: info@riverside-clinic.org.uk

Phone: 0330 127 3229

www.riverside-clinic.org.uk

PATIENT		REFERRER	
Name		Name	
Patient's Address		GMC / HPC / NMC no.	
Home number		Practice Name & Address and email	
Mobile number		Telephone	
Email		Signature:	
Date of Birth		Gender	
Medical Insurance Details Insurer:		Physical/Communication difficulties? <input type="checkbox"/> Yes – Details:	
Policy Number:		Interpreter required? <input type="checkbox"/> Yes – Details/Language:	
Authorisation Code:		Mobility Issues (Needs assistance to transfer)? <input type="checkbox"/> Yes – Details:	
Self-Pay	Yes/No		

SCAN REQUIRED AND CLINICAL INDICATIONS (all sections must be completed)		
MRI <input type="checkbox"/>	Ultrasound <input type="checkbox"/>	X-ray <input type="checkbox"/>
Region(s) – Select and give details for all required, including which side of body as appropriate		
Clinical Indications <i>Please provide sufficient clinical information (including relevant past medical history, medication & previous investigations) to ensure the appropriate investigation can be performed in accordance with the Royal College of Radiologists' guidelines</i>		
Urgent? <input type="checkbox"/> Yes – Details why: Allergies: <Allergies & Sensitivities> Diabetic? <input type="checkbox"/> Yes – Type:		

Referring for an MRI? – Please read the information below	
MANDATORY - MRI Contraindications: ALL referrers MUST complete this section	
Aneurysm Clip? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pacemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cochlea Implant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Neurostimulator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Implantable Cardiovert defib? <input type="checkbox"/> Yes <input type="checkbox"/> No	Metallic Intra-ocular foreign body? <input type="checkbox"/> Yes <input type="checkbox"/> No
Implantable pump? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any other relevant information?
Heart Valve prosthesis? <input type="checkbox"/> Yes – Details (including make, model & S/N to determine MRI compatibility): <input type="checkbox"/> No	