THE LONDON CLINIC

Imaging request

PATIENT INFORMATION

indicates mandatory fields

*TLC unit no. (if known) L

*Title

*DOB dd/mm/yyyy)

*Surname

*Forename(s)

*Sex at birth M F

Gender:

IP OP DC

Room

*Referrer's full name and / or practice stamp

Payment method ☐ Insurance ☐ Embassy ☐ Self-Pay ☐ Sponsor

Payment provider

Member no.

Authorisation no.

Patient's tel no.

Patient's email

*Patient's address

Copy of reports to

CLINICAL INFORMATION

Infectious:	Yes ☐ No ☐
If yes, Barrier nursed:	Yes ☐ No ☐
Oxygen required:	Yes ☐ No ☐
Mode of transport:	Walking ☐ Wheelchair ☐ Bed ☐ Portable ☐
Appointment date/time	

***Examination requested.** Please specify the modality and examination required.

☐ X-Ray/US ☐ CT/MRI ☐ Nuclear Medicine

☐ Breast imaging ☐ Interventional

***Clinical indication for examination.** Please summarise relevant history, clinical findings, previous imaging and test results. Indicate the question that the examination should answer.

Imaging requiring intravascular contrast medium (CT, Angiography, Venography, IVU, MR).

Serum creatinine / Estimated GFR:

Date measured:

Is patient taking Metformin? Yes ☐ No ☐

Is there a history of:

Reaction to contract medium Yes ☐ No ☐

Asthma Yes ☐ No ☐

Allergy requiring medical treatment Yes ☐ No ☐

Kidney disease/surgery Yes ☐ No ☐

Dialysis Yes ☐ No ☐

Does this patient have a cardiac pacemaker, cochlear implant or intracranial aneurysm clips? Yes ☐ No ☐

Safety information (to be completed by the patient).

Do you think you may be pregnant? Yes ☐ No ☐ Maybe ☐

Are you breastfeeding? Yes ☐ No ☐

LMP:

I declare that I am not pregnant

Patient's signature: Date: / /

Justified by Radiographer:

N.B. This form is a legal document – Referrer's Declaration

- The correct patient details have been provided.
- I have discussed the examination, including any intervention, with the patient / guardian.
- I have taken into account the possibility of pregnancy
- I have given sufficient clinical information for the request to be justified according to IR(ME)R 2017.
- I will ensure that the examination results are recorded in the patient's notes.

Preferred Radiologist:

Referrer's signature Date / /

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