

**Imaging Request**

**Non-obstetric Ultrasound**

Please email completed form to: healthshareltd.nwl.bookings@nhs.net

Phone: 0800 6524157 [www.healthshare.org.uk](http://www.healthshare.org.uk)

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| **Process:** | **All patients will be contacted by letter or telephone within 5 working days with an appointment** **Patient booking telephone number: 0800 6524157 (open 8am-6pm Monday to Friday)**Referral forms will only be accepted when emailed directly from the **referring GP’s or GP Practice’s generic NHSmail address. Incomplete referral forms will be returned to referrer.** |

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| **PATIENT** | **REFERRER**  |
| **Name** |  | **Name** |  |
| **NHS Number** |  | **GMC / HPC / NMC no.** |  |
| Patient’s Address |  | Practice Name & Address |  |
| Home number |  | **National Practice Code**  |  |
| Mobile number |  | Telephone |  |
| Work number |  | Email (NHS.net only) |  |
| Email |  |  |  |
| **Date of Birth** |  | Gender  |  | Ethnicity :  |
| Physical/Communication difficulties? [ ]  Yes – Details: Interpreter required? [ ]  Yes – Details/Language:  | Eligible for and requires Hospital Transport? [ ]  Yes Mobility Issues (Needs assistance to transfer)? [ ]  Yes – Details:  |

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| **TO BE COMPLETED FOR ALL EXAMINATIONS:****CLINICAL INDICATIONS / QUESTION TO BE ANSWERED / PROVISIONAL DIAGNOSIS PLEASE ENSURE THAT YOU HAVE COMPLETED EVERYTHING REQUIRED** **AND NOTE MANDATORY FIELDS.**Please provide sufficient clinical information (including relevant past medical history, medication & previous investigations) to ensure the appropriate investigation can be performedin accordance with the Royal College of Radiologists’ guidelines - <https://www.irefer.org.uk/> |
| * **Details (must include clinical question to be answered):**
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| Urgent? Yes / No **Allergies: Diabetes?**  |
| Relevant notes / documentation attached? [ ]  Yes – Details:  |
| **Date of request:**  |

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| **ULTRASOUND EXAMINATION (18+ years)** |
| **INVESTIGATION(S) REQUESTED** – *Select and give details for all required, including which site of body as appropriate* |
| [ ]  **Abdomen** (includes liver, gallbladder, CBD, pancreas, spleen, kidney, aorta, IVD) |
| [ ]  **Female Pelvis TA/TV** | [ ]  **MSK** |
| **[ ]  Testes / Scrotum / Groin**  |  |
| [ ]  **Renal Tract** (incl prostate if male) | [ ]  **Groin/Hernia** |
| [ ]  **Other** (please specify) |  |
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| **Exclusion Criteria** Non NHS patients, Patients not registered with a GP, Children under the age of 18, Pregnancy or Obstetric scans, 2ww patientsBreast/ Chest / Axilla / Cardiac / Chest / Thyroid/ Neck/ Soft tissue lumps/ Ophthalmology ,U/S guided procedures / Patient requiring hoist to transfer / Patients exceeding 150KG |