



- nothing is more important than health

## Radiology Referral Form

Referrals can only be accepted from a medical professional. Please complete this form clearly to help us process your referral promptly.

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### Patient Details

**First name:** [first-name]

**Surname:** [surname]

**Mobile:** [mobile]

**Gender identity:**

**Gender assigned at birth:**

**Address:** [address]

**Date of Birth :** [dob]

**Self Payer:**

**Private health insurance:**

**Insurer name:** [insurer-name]

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### Examination Required

**Examination(s):** [examination-required]

**Area to be examined:** [area-examined]

**Detailed clinical information:** [clinical-info]

**Previous imaging:**

**Details:** [previous-imaging-details]

**Mobility aid used:** [mobility-aid]

### MRI

**Does the Patient have:**

**Cardiac pacemaker:**

**Aneurysm clip:**

**Other implants:**

**Implants Details:** [implant-details]

### MRI/CT

**Previous contrast reactions:**

**History of Diabetes:**

**Kidney or liver anomalies:**

**Allergies:**

**eGFR / Creatinine Level:** [egfr-creatinine]

**Current Medications:** [current-medications]

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### Referring Details

**Referrer title:**

**Referrer's Name:** [referrer-name] **Practice Name:** [practice-name]

**GMC/HCPC:** [gmc-hcpc]

**Contact No:** [contact-no]

**Email:** johndoe@nowhere.com

**Other Professional No:** [professional-no]

**Address:** [referrer-address]

**Signature:** [signature]

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### Patient Safety

•Please note that certain radiology examinations in pregnancy may put the unborn infant at risk.

•For MRI, cardiac pacemakers, aneurysm clips, shunts, cochlear implants, intra-ocular implants, metallic foreign bodies, some surgical implants and early pregnancy are contraindicated.

•Please indicate previous history of contrast reactions, allergies, medications, renal failures, liver disease, diabetes, etc.