



- 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.

#### Patient Details

First name \_\_\_\_\_ Surname \_\_\_\_\_ Mobile \_\_\_\_\_  
 Gender identity Woman  Man  Non-binary  Gender assigned at birth Female  Male  Intersex   
 Address \_\_\_\_\_ Date of Birth (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Med card Y  N  Private health insurance Y  N  Insurer name \_\_\_\_\_

#### Examination Required

MRI  CT  X-ray  DXA  Ultrasound   
 Area to be examined \_\_\_\_\_  
 Detailed clinical information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Previous imaging Y  N  If Yes, please provide details \_\_\_\_\_  
 Does patient use: Wheelchair  Crutches  Other mobility aid \_\_\_\_\_

#### MRI

Does your patient have: Cardiac pacemaker: Y  N  Aneurysm clip: Y  N  Other implants: Y  N   
 If Yes, please provide details \_\_\_\_\_

#### MRI/CT

Previous contrast reactions: Y  N  History of Diabetes: Y  N   
 Any kidney or liver anomalies: Y  N  Allergies: Y  N   
 eGFR / Creatinine Level: \_\_\_\_\_ Current Medications: \_\_\_\_\_  
 For all radiology examinations, please indicate LMP data where relevant \_\_\_\_\_

#### Referring Details

Referrer title: Dr Ms/Mr Prof (please circle one) Referrer's Name \_\_\_\_\_ Practice Name \_\_\_\_\_  
 IMC/CORU \_\_\_\_\_ Other Professional No \_\_\_\_\_ Contact No \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

#### 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.

Fax this form to Affidea at:

Dundrum: 01 21 35959	Dublin City: 01 4536009	Cork City: 021 431 8114
Northwood: 01 8627334	Naas: 045 881125	Kilkenny: 056 7786535
Tallaght 01 4622149	Letterkenny: 074 9188020	Waterford 051 309701