



# Imaging Referral



St John &  
St Elizabeth Hospital

## Patient Details

We only accept referrals with valid referrer contact details. This is so we can send reports back promptly and contact you in an emergency. Please email or scan a secure copy of the completed form to [imaging@hje.org.uk](mailto:imaging@hje.org.uk) along with any supporting documentation or test results.

Title  First name  Surname

Hospital Number  Sex  Male  Female Date of birth

Address

Postcode  Email address

Mobile number  Home number

## Billing Information

Self-pay  Insured  Other (please specify)

## Examination

CT scan  Fluoroscopy  Mammography  MRI scan  PedCAT  Ultrasound  X-ray

Examination requested

Clinical indications

Preferred radiologist (if applicable)

### MRI safety checks

	Y	N
Does the patient have a pacemaker?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have a cochlear implant?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have a neuro-stimulator?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have prosthetic heart valves?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have a history of intra-orbital FB?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have a history of shrapnel injury?	<input type="checkbox"/>	<input type="checkbox"/>

### Contrast safety checks

	Y	N
Does the patient have a renal impairment?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient taking Metformin?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient allergic to contrast?	<input type="checkbox"/>	<input type="checkbox"/>

### Special requirements

Wheelchair  Bed/trolley  Oxygen  Hoist

Referrer signature  Date

Referrer name (printed)

Phone Number  Email address

By filling the 'Referrer signature' box, you are confirming that A) You are authorized to make this referral, B) That all information is filled out accurately.

### Imaging department use only

Radiographer/RDA:

Dose/time:  Date:

Protocol:

Radiologist:

Three points of ID checked?	<input type="checkbox"/>
Examination checked?	<input type="checkbox"/>
Side/site checked?	<input type="checkbox"/>
Previous Imaging checked?	<input type="checkbox"/>
Pregnancy status documented?	<input type="checkbox"/>
Protocol documented?	<input type="checkbox"/>



## IMAGING DEPARTMENT USE ONLY

People or patients of child bearing age (12 – 55 yrs) – Declaration to be completed by the patient and operator.

Is there any possibility that you might be pregnant? Yes  No

Signed (Patient)  Date  Signed (Operator)

Examination Justified & Authorised By

Justified and Authorised by Operator – request complies with departmental guidelines and standard protocols

### Guidance Notes for Referrers

In accordance with the requirements of Ionising Radiation (Medical Exposures) Regulations 2017, the referrer's attention is drawn to the following referral protocols in use at the St John & St Elizabeth Hospital.

#### Referrals:

- Requests for X-ray, Ultrasound or MRI examinations will be regarded as a request from one clinician or health professional to the Imaging Department for an opinion, based upon the X-ray, ultrasound or MRI examination, to assist in the management of a clinical problem. The department does not release unreported films.
- Diagnostic imaging (Ultrasound / MRI / X-ray / CT) and interventional procedures will only be performed upon written request signed by a registered medical or dental practitioner or by an authorised non-medical practitioner.
- Referrals (request form or letter) must precede or accompany the patient. Faxes are accepted.
- All requests must carry sufficient information to identify the patient, normally consisting of first name, middle initial if any, family name, date of birth and address.
- All requests must carry sufficient clinical information to enable the requested examination to be justified. Referral criteria are based on the Royal College of Radiologists' Guidelines – "Making the best use of a Department of Clinical Radiology: Guidelines for Doctors".
- All requests shall clearly state the examination requested.
- All requests must include contact details of the referring clinician including address, telephone and fax numbers.

#### People of Childbearing Age (12 – 55 years)

- All requests for X-ray examination (between the diaphragm and the knee) of people of childbearing age (12 – 55 years) must state the date of the first day of the patient's last menstrual period.
- The '10 day rule' is applied to high dose examinations, e.g. HSG, Barium Enema, IVU, CT Abdomen. The '28 day rule' is applied to other xray examinations (between the diaphragm and the knee).

#### Clinical Justification of Requests

- All requests for imaging will be assessed prior to exposure by the appropriate practitioner for the examination to ensure that they meet with the Royal College of Radiologists' Guidelines and any local guidelines and that in their professional judgement they are clinically justified (Royal College of Radiologists Publication: BFCR (00)5).

#### MRI Examinations

- Patients or their carers will be required to complete a safety questionnaire before the examination commences. The examination will only proceed if the MR Radiographer / Radiologist are satisfied that the patient is not at risk of injury from the MRI scanner.

### Useful Information

#### Primary Care Liaison

Telephone: **020 7432 8326** Email: [gpliaison@hje.org.uk](mailto:gpliaison@hje.org.uk)

#### Departments

**Urgent Care: 020 7432 8300**

Admissions: **020 7078 3868**

Cardiology: **020 7806 4080**

Fundraising: **020 7806 4011**

Imaging: **020 7806 4030**

Outpatients: **020 7806 4060**

Pharmacy: **020 7806 4036**

Physiotherapy: **020 7806 4010**

Pathology: **020 7806 4022**

Respiratory Physiology: **020 7806 4081**

St John's Hospice: **020 7806 4040**

Please double check our website for up-to-date opening times

[www.hje.org.uk](http://www.hje.org.uk)

### Location



#### St John & St Elizabeth Hospital

60 Grove End Road, London, NW8 9NH

Closest Tube: **St John's Wood (Jubilee Line)**

Distance: **3 minute walk**