Service provided by
University Hospitals Birmingham NHS Foundation Trust

NHS
Birmingham and Solihull

IMAGING REFERRAL FORM

PATIENT DETAILS		REFERRER DETAILS	
Name:		**GP name:**	
Date of birth:		**GMC no:**	
Address and postcode:		**NMR name and EPP number (if applicable):**	
		GP Practice code:	
Hospital number:		**GP Practice address and postcode:**	
NHS number:			
Special needs:	☐ Capacity to consent ☐ Sight ☐ Hearing ☐ Oxygen ☐ Barrier ☐ Interpreter Language:	**GP Practice phone no:**	
		GP Practice email:	
		Date of referral:	
Mobility:	☐ Walk ☐ Chair ☐ Bed ☐ Escorted ☐Hospital Transport* Comments: (free text here)	**Patient preferred location :** QEHB ☐ Solihull ☐ Good Hope ☐ Heartlands ☐ Washwood Heath CDC* ☐	
		*Please note that Washwood Heath cannot accept patients who require hospital transport.	
Contact no:	**Home:**	MRI use only (Please tick if the patient has the following) ☐ Pacemaker ☐ Aneurysm clip ☐ Metal foreign Body ☐ Operation within 3/12	
	Work:	**Examination requested:**	
	Mobile:	**Clinical question and relevant information:**	
Patient consents to be contacted by text message?	☐ Yes ☐ No		

Patient medical status:		
	Allergies:	
	Pregnancy:	☐ Yes ☐ No
	Breast Feeding:	☐ Yes ☐ No
	Asthmatic:	☐ Yes ☐ No
	Diabetic	☐ Insulin ☐ Metformin
	eGFR (<6mths)	Value:

Click here for current imaging referral guidelines: https://www.uhb.nhs.uk/gps/referrals/imaging/

OFFICE USE ONLY

Imaging Notes	*Imaging Audit Data*	
	Received Date:	
	Operator:	

This document has been classified as confidential

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REFERRER DECLARATION:

Please **confirm** and tick **all** of the below:

- ☐ The patient is aware that they may be offered the first available appointment at any of the UHB sites. Most plain film x-ray examinations are performed at the Washwood Heath Community Diagnostic Centre or Heartlands Treatment Centre. If your patient requires hospital transport or is unable to travel to these sites please indicate in the Mobility section on page 1*.
- ☐ GP Practice email has been included to allow communication of urgent findings and also to communicate back to the GP Practice if the investigation has been rejected.
- ☐ Once completed, the signed form will be emailed to one of the sites below.
- ☐ I understand that failure to complete the form fully and correctly will result in rejection and the form being returned.

Complete if applicable :

For patients requiring a routine chest x-ray**:**

- ☐ This examination is deemed as **routine.** If an intrathoracic malignancy is suspected or you plan to make a non-specific symptoms pathway referral, please use the dedicated **UHB URGENT CXR REFERRAL FORM.**
- ☐ The patient has been provided with the *Important information regarding CXR referrals from your GP* information leaflet. *https://www.uhb.nhs.uk/services/imaging/chest-x-ray-referral-gp.htm*
- ☐ You have discussed with the patient that if clinically indicated from the CXR result, the hospital will automatically arrange for a CT chest (+/- abdomen) scan for the patient – as per UHB DXCT pathway.
- ☐ The GP will act as the named referrer for both the CXR and any resulting CT request, and is also responsible for acting on non-lung cancer CT scan findings – as per DXCT pathway.

For patients via Radiology Advice and Guidance :

- ☐ Proof of Advice and Guidance discussion and recommendation is attached.

Referrer name and signature:
(If form manually completed) **Date:**

Please submit your completed referral form to one of the following email inboxes based on your patient's preferred location.
Requests submitted on this form are treated as routine.

Queen Elizabeth	**PlainFilm-Bookings@uhb.nhs.uk**	**Heartlands**	**BHHImagingreferrals@uhb.nhs.uk**
Solihull	**SOLImagingreferrals@uhb.nhs.uk**	**Good Hope**	**GHHImagingreferrals@uhb.nhs.uk**
Washwood Heath CDC	**WWHCXdirect@uhb.nhs.uk**		

IT IS VITAL AN NHS DOMAIN EMAIL IS INCLUDED IN THE REFERRER DETAILS. This will allow us to send urgent (i.e. suspected cancer) but non critical findings for your attention. Failure to include an appropriate email will result in the form being returned.

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