NHS Birmingham and Solihull Integrated Care Board

NHS University Hospitals Birmingham NHS Foundation Trust

US RENAL IMAGING REFERRAL FORM

PATIENT DETAILS				REFERRER DETAILS	
Name:				**Usual GP:**	
Address:				**Practice Address:**	
Postcode:				**Practice Code:**	
NHS Number:				**Practice Phone No:**	
Hospital number:				**Practice Email:**	
Date of Birth:				**Name of Referrer:**	
Referral date:				**Referrer Mobile No:**	
				Referrer Role:	
Special Needs:	☐ Capacity to consent ☐ Sight ☐ Hearing ☐ Oxygen ☐ Barrier ☐ Interpreter Language:			**Mobility :**	☐ Walk ☐ Chair ☐ Bed ☐ Mobile imaging req. ☐ Escorted
Preferred Contact No:	**Home:**		**Work:**		**Mobile:**
Patient consents to be contacted by text message?:	☐ Yes ☐ No				
Preferred Hospital:	QEHB ☐ Heartlands ☐ Solihull ☐ Good Hope ☐				

Procedure or Examination requested:	**Patient Medical Status**	
	Allergies:	
	Pregnancy:	☐ Yes ☐ No
Clinical Question and Relevant Information:	**Breast Feeding:**	☐ Yes ☐ No
	Asthmatic:	☐ Yes ☐ No
	Diabetic:	☐ Insulin ☐ Metformin
	Exams requiring contrast:	☐ U&E Test Underway eGFR:
	MRI use only (Please tick if the patient has the following)	
	☐ Pacemaker ☐ Aneurysm clip ☐ Metal foreign Body ☐ Operation within 3/12	

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:	
	Signature:	

REQUEST FOR US RENAL: (At least one of the following criteria must be fulfilled for the referral to proceed)

PATHWAY CHECK LIST: (Please tick to confirm which criteria have been met)

Urgent Request

- ☐ **Accelerated progression of CKD (eGFR < 30ml/min and rapid >25% decrease in renal function and change in CKD category in 12 months OR**
- ☐ **Sustained decrease in eGFR >15ml/min/1.73m^2 or more per year**

Routine request

- ☐ **First renal imaging in a patient with eGFR <30ml/min/1.73m^2**
- ☐ **Visible or persistent invisible haematuria in a low cancer risk group (<45 years OR >60 with recurrent or persistent unexplained urinary tract infection)**
- ☐ **Family history of polycystic kidney disease age >20 years**

The following circumstances should be directly referred to secondary care, renal imaging should not delay referral:

2WW Cancer referral to Urology

- Age >45 years with unexplained visible haematuria without urinary tract infection
- Age >45 years with persistent visible haematuria that persists or recurs after successful treatment of urinary tract infection
- Age >60 years and unexplained non-visible haematuria and dysuria or raised white cell count on a blood test

Complete bladder outflow obstruction requires immediate referral to urology.

Acute kidney injury stage 3 or eGFR<15ml/min with no prior baseline refer to ED for immediate renal US to exclude obstruction and identify cause of acute kidney injury.

Referrer Declaration – Please confirm and tick

- ☐ GP Direct Access Pathway referral criteria completed above
- ☐ Email header states whether the request is **Routine or Urgent**
- ☐ The patient is aware that they may be offered the first available appointment at any of the UHB sites
- ☐ I understand that failure to complete the form correctly will result in rejection and the form being returned

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

Please submit your completed referral form to the following email inbox based on your patient's preferred hospital **stating in the email header** whether the request is **Routine or Urgent.**

Queen Elizabeth Hospital	**Ultrasound-Bookings@uhb.nhs.uk**
Heartlands Hospital	**BHHImagingreferrals@uhb.nhs.uk**
Solihull Hospital	**SOLImagingreferrals@uhb.nhs.uk**
Good Hope Hospital	**GHHImagingreferrals@uhb.nhs.uk**

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