Request for CT

KINGSBRIDGE Private Hospital ★★★★★

Patient ref number

☐ Dental CT ☐ CALCIUM SCORE only ☐ FUNCTION ANALYSIS required

☐ CT ☐ CT CARDIAC ANGIOGRAM (native) ☐ CT CARDIAC ANGIOGRAM (grafts)

Referrers are required to complete sections 1-4 accurately and legibly. Inadequately completed forms will not be accepted.

1. Patient Details

Title		Forename		Surname	
DOB		Gender	☐ Male ☐ Female		
Address				Postcode	
Tel (Home)		Tel (Mobile)			

Patient Identification - For Kingsbridge Private Hospital use only.

I have confirmed the above patient's name, address and DOB. Signed

☐ Verified by patient If another/status Signed

2. Cautions (if none, tick here ☐)

Pregnancy ☐ Yes ☐ No Date of LMP:

Infection Risk ☐ MRSA ☐ Category 3

Other Cautions ☐ Blind ☐ Diabetes ☐ Impaired cognitive function ☐ Asthma ☐ Deaf ☐ Mobility ☐ Bronchospasm

☐ Allergies (please specify)

☐ Other (please specify)

At risk of contrast induced nephropathy

Risk factors include renal impairement, diabetes, myeloma, diuretic administration and illlness likely to contribute to hypovolaemia.

☐ Yes ☐ No If **YES**: Creatinine level µmol/l Date of test

NB If creatinine level > 150 µmol/l contrast will not be administered without specific approval of referring medical practitioner.

Approved by

3. Clinical details/notes. Please include provisional diagnosis or indication and indicate results of previous tests/imaging if applicable.

CARDIAC CT ONLY
To optimise image quality, HR of 60bpm is desirable.

Resting HR If > 60bpm please prescribe medication prior to scan.

☐ Contraindication to ß-Blocker

Current ß-Blocker medication

Dosage prescribed

☐ Stop medication after scan

Arrhythmias (specify)

☐ Atrial Fibrillation (may be a contraindication)

Implants

☐ Stents (specify) ☐ ICD ☐ Pacemaker

Grafts

☐ LIMA ☐ RIMA ☐ SVG (specify number and vessel)

ALL PATIENTS Clinical Details

You are legally obliged under IR(ME)R NI 2000 to supply sufficient medical data for justification purposes.

Please send completed form by post or email to:
Kingsbridge Private Hospital, MRI, CT and Outpatients Centre, 801 - 805 Lisburn Road, Belfast, BT9 7GX.
T: +44 (0) 28 9073 5272 | E: imaging@3fivetwo.com | kingsbridgeprivatehospital.com

4. Examination/procedure request:

Referrer **(print name)**		Signature		Date	
Address				Postcode	

For operator/practitioner use only

Examination/procedure authorised by		Date	

(Subject to a decision to proceed following completion of pregnancy status section on reverse, if relevant.)

For operator/practitioner use only

Pregnancy Status

This section must be completed for a female aged 12 – 55 years for procedures in which the primary x-ray beam irradiates the area between the diaphragm and upper femora.

A **Ascertain from the patient if she:**

- ☐ Is definitely not pregnant (Complete B & D. Proceed with exposure)
- ☐ Is definitely pregnant (Complete B & C)
- ☐ Might be pregnant

B Date of the first day of last menstrual period (LMP)

C **Practitioner must review justification for the proposed exposure**

- ☐ Justified (Complete D and proceed with exposure)

Practitioner's signature

Out of hours: Discussed with:

Operator's initials | Date

- ☐ Not justified procced as follows:

D

Patient's signature

Operator's signature

Date

Pharmaceutical prescription and contrast administration

Name	Strength	Dose/QTY	Batch no. & exp. date	Drawn up by	Checked by
Prescriber's signature			**Administered by**		

Examination/procedure details

Date	Examination	SOP (✓)	Protocol	Radiologist(s)
				Operator(s)

Scan reporting and dispatch

Assigned to (Radiologist)		☐ Report sent	☐ Disc sent	Date	
Address sent to				Postcode	

Notes

For Kingsbridge Private Hospital use only.

This patient is:

☐ Insured ☐ Self-funding ☐ WLI ☐ Employer ☐ Occ Health/Screen

Insured company/trust			
Policy Number		Authorisation Number	