

## GP CT request form

Incomplete/illegible forms will be returned in line with IRMER 2017 regulations.

1. Patient details			
NHS number :			
First name:		Last name	
Date of birth (DD/MM/YY):	Gender	Male	Female
Address:			
Town/city:		Postcode:	
Contact number:		Other contact:	
Interpreter required: yes/no	If yes – which language	Ethnic origin:	Mobility (hoist required):
Impairments:	Sight:	Speech:	Hearing:
2. Referrer - complete the following section			
Referrer name:		Registration number	
Referring practice:			
Practice address:			
Postcode:		Telephone number	
Date of referral:		Referrer signature*	
3. Examination requested (body area to be imaged):			
Clinical information/concern: (as examination is protocol based, the quality of this information is important)			
Diabetic status:		Allergies:	
Question to be answered/suggested exam:			
4. CT – clinical checklist			
: <b>eGFR</b> – requests will be returned if this is not available see trust guidelines available on website	Result:	Date:	
<b>LMP</b>	Date:		
For CT scans, patients must be within 10 days of the 1 <sup>st</sup> day of their last period. Pregnancy test results will not be accepted.			

**\*An electronic signature will be accepted**