

GP Fluoroscopy 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 (1st line): | | | | |
| Town/city: | | Postcode: | | |
| Contact number: | | Other contact | | |
| Interpreter required: Yes/No | If yes – which language | Ethnic origin: | Mobility (hoist required): | |
| Impairments: | Sight: | Speech: | Hearing: | |
| Pregnancy status: Yes/No | LMP | If yes –gestation weeks | | |
| 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 - including body area to be imaged: | | | | |
| Specific clinical information (as examination is protocol based, the quality of this information is important and should follow current NICE and iRefer guidelines): | | | | |
| Diabetic status: | | Allergies: | | |
| Question to be answered/suggested exam: | | | | |
| 4. Clinical checklist | | | | |
| LMP | | Date | | |
| For fluoroscopy procedures, patients must be within 10 days of the 1 st day of their last period. Pregnancy test results will not be accepted. | | | | |

***An electronic signature will be accepted**