

## GP MRI 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:<br>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:   |  |                         |                            |
| Clinical information/concern: (as examination is protocol based, the quality of this information is important) |  |                         |                            |
|  |  |                         |                            |
| Question to be answered/suggested exam:  |  |                         |                            |
|  |  |                         |                            |
| 4. MRI clinical checklist  |  |                         |                            |
| <b>Pacemaker or any implanted devices? E.g. cochlear implant, spinal cord stimulator</b>                       | Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>If yes please complete details | Device details:         |                            |
|  |  |                         |                            |

\*An electronic signature will be accepted