

## GP Ultrasound 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:
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			
<p><b>Ultrasound examination requested</b> : If unsure about which exams to request please check <a href="#">iRefer on-line</a></p> <p><b>Abdo</b> <input type="checkbox"/> KUB <input type="checkbox"/> Pelvis <input type="checkbox"/> MSK <input type="checkbox"/> Soft Tissue <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p> <p>Diabetic status: _____ Allergies: _____</p> <p>Specific clinical information: (as examination is protocol based, the quality of this information is important)</p> <p>Question to be answered/suggested exam:</p>			

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