

GP X-Ray Request Form (excluding barium examinations)

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*		
2b. Not registered – please complete the following section				
nhs.net e-mail address:				
Contact number				

3. X-RAY examination requested
<p>Examination requested including body area to be imaged:</p> <p>Specific clinical information (as examination is protocol based, the quality of this information is important and should follow current NICE and iRe fer guidelines):</p>
<p>Question to be answered/suggested exam:</p>