The Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) require you to complete all this information accurately. Incomplete/illegible forms may be returned.

Worcestershire Hospitals Acute NHS Trust
IMAGING REQUEST FORM

Patient Details	
Hospital Number	
NHS Number	
Surname	
First Name	
Date of Birth	
Address	
Postcode	
Telephone	

Transport	
Does the patient require hospital transport?	
Yes	
No	

Mobility (please tick)			
Walking		Trolley	
Chair		Portable	
Bed		Theatre	

Examination Requested:

Clinical Information:

Please include clinical questions to be answered with any relevant laboratory results, medications, surgery and previous examinations. Identifying any known infection risks, mobility issues or interpreter requirements that need to be considered. Abbreviations are not accepted.

Referrer's declaration (NB: This form is a legal document)

- The correct patient details have been given
- I have discussed the examination with the patient/guardian
- I have taken into account the possibility of pregnancy
- I have given sufficient clinical information for the request to be justified according to IR(ME)R 2017
- I will ensure that the examination results are recorded in the patient's notes
- There are not known contra-indications to performing the requested examination/treatment

Referrer's Details	
Name	
Signature	(Physical signature required)
GMC No.	
Date	

Safety Information All patients requiring intravenous (IV) contrast: (to be completed by referring Clinician; as advised by the patient)				
Has the patient had a contrast injection before and reacted to the contrast?	Yes		No	
Does the patient have any allergies?	Yes		No	
If 'Yes', list the allergies:				
Is the patient diabetic?	Yes		No	
Does the patient take Metformin?	Yes		No	
Does the patient have known Acute Kidney Injury?	Yes		No	
If 'Yes', please confirm Stage 1, 2 or 3:				
Is the patient likely to have a raised serum creatinine?	Yes		No	
If so, state value or provide eGFR result				

Additional Information for MRI patients				
Does the patient have a cardiac pacemaker?	Yes		No	
Does the patient have heart valve replacements?	Yes		No	
Has the patient any metal fragments in their eyes?	Yes		No	
Has the patient had any cranial surgery?	Yes		No	
Does the patient have any metal in their body?	Yes		No	
If "Yes", what?				