

Department of Clinical Radiology. University Hospitals Bristol and Weston NHS Foundation Trust
RADIOLOGY REQUESTS

Referrers are required to complete sections 1-6 accurately and legibly. Inadequately completed forms will not be accepted.

<p>1. Patient ID</p> <p>Hosp No. _____ NHS No. _____ Surname _____ Forename(s) _____ Address _____ _____</p> <p>Postcode _____ DoB _____ Pt daytime contact nos. _____ _____</p>	<p>Radiology Dept Use</p> <p>Appointment: Date: _____ Time: _____ Patient ID Confirmed: _____ Operator Signature _____ As far as I am aware I am not pregnant: _____</p>
<p>2. Mobility / Practice Details</p> <p>Mobility: Walking / Chair / Transport GP Practice Name / Address / Code: _____</p>	
<p>3. Clinical details (You are legally obliged under IR(ME)R 2000 to supply sufficient medical data for justification purposes. You MUST provide Radiology with clinical details to enable appropriate investigation and accurate report. Any relevant previous radiological examinations, surgery, radiotherapy and/or chemotherapy to be included)</p> <div style="border: 1px solid black; width: fit-content; margin-left: auto; margin-right: auto; padding: 5px;"> <p align="center">Previous Investigations</p> </div> <p>Clinical Question to be Answered:</p> <p>Additional relevant information: MRI contra-indications _____ eGFR _____ Bowel Prep Authorisation: following explanation with patient by referrer on safe use of bowel cleansing solution. Picolax® <input type="checkbox"/> Klean Prep® <input type="checkbox"/></p>	
<p>4. Examination Requested: _____ Priority: Urgent <input type="checkbox"/> Routine <input type="checkbox"/></p>	
<p>5. Cautions (if none tick here) <input type="checkbox"/> Possibility of Pregnancy Yes / No LMP _____</p> <p>Allergy / severe asthma <input type="checkbox"/> ? renal impairment <input type="checkbox"/> Diabetes <input type="checkbox"/> Previous Colorectal Surgery <input type="checkbox"/> MI within last 6wks <input type="checkbox"/> Infection Risk to staff/other Patients MRSA <input type="checkbox"/> IVDU <input type="checkbox"/> Other please specify _____ Other considerations (deaf, blind etc) _____</p>	
<p>6. Referrer (print name) _____ Role: _____ Signature: _____ Contact No./Bleep _____ Date of Request _____ Copy Report to: _____</p>	
<p>For operator/practitioner use only Examination/procedure authorised by _____ Date _____ (Subject to decision following check on pregnancy status, if relevant) Radiologist Instructions:</p>	

PLAIN IMAGING REQUESTS (X-RAY)

Adults

Your GP has requested that you have an X-Ray - After seeing your GP

For Chest X-Rays – Walk-In Service

South Bristol NHS Community Hospital,
Hengrove Promenade, Bristol BS14 0DE. **Tel: 0117 342 9695**
Open Access Monday – Friday 9:00am – 5:00pm

Weekend Appointments 9:00am – 5:00pm SBCH Only

Contact the X-Ray Department on **0117 342 9695** during the following times to book an appointment

4:00pm – 7:30pm Monday to Friday or 8:00am – 6:00pm Saturday and Sunday

Bristol Royal Infirmary – Location A217
Marlborough Street, Bristol, BS2 8HW. **Tel: 0117 342 2407 / 6493**
Open Access Monday – Friday 9:00am – 5:00pm

Weston General Hospital
Grange Road, Weston-Super-Mare BS23 4TQ. **Tel: 01934 647049**
Open Access Monday – Friday 9:00am – 5:00pm

For All other Adult Plain imaging – By Appointment

Bristol and Weston sites:

You will be contacted with an appointment, either by letter or telephone.

PATIENTS WITH MOBILITY NEEDS OR ADDITIONAL REQUIREMENTS must attend Bristol Royal Infirmary or Weston General Hospital (Please contact Radiology on the above numbers if unsure)

Children

Both Walk-In and appointment service available. To arrange an appointment, contact the Radiology department on the following number and we will endeavour to arrange an appointment at a time convenient to you at the Bristol Royal Hospital for Children.

Monday - Friday **0117 342 8120** **8:30 am – 4:00 pm**

You will be asked a few questions prior to agreeing a suitable time.

Please do not bring any other children or family with you unless they are needed to assist in the attendance.

PLEASE PRESENT WITHIN 1 MONTH (CHILDREN 2 WEEKS)