

Request for CT scan

Title <input style="width: 80px;" type="text"/> Surname <input style="width: 150px;" type="text"/>	Occupation <input style="width: 300px;" type="text"/>
First Names <input style="width: 300px;" type="text"/>	Insured <input type="checkbox"/> Self Pay <input type="checkbox"/> Other <input type="checkbox"/>
Address <input style="width: 350px; height: 60px;" type="text"/> Postcode <input style="width: 100px;" type="text"/>	Is pregnancy known or suspected? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, should examination proceed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone number(s) <input style="width: 250px;" type="text"/> Home _____ Work _____	Previous X-rays including CT? Yes <input type="checkbox"/> No <input type="checkbox"/> Year <input style="width: 150px;" type="text"/>
Hospital No. <input style="width: 60px;" type="text"/> Date of birth <input style="width: 100px;" type="text"/>	Ref Consultant <input style="width: 300px; height: 50px;" type="text"/>
To be reported by <input style="width: 250px;" type="text"/>	

Area to be scanned:

HEAD	ORBIT	ENT	NECK	ABDOMEN	PELVIS	EXTREMITY	SPINE	OTHER
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Clinical Details (provisional diagnosis, including previous operations and investigations)	Radiologist Protocol
Consultant Signature _____ Date _____	

This section must be completed

1. Is there any history of allergy (hay fever, asthma/atopy)?
2. Any previous reactions to contrast media?
3. Any renal impairment?
4. Is the patient diabetic?
5. Has the patient had a recent barium examination?
BARIUM CAUSES ARTEFACTS

OFFICE USE ONLY

Examination date _____

Follow up date _____

Please answer the following questions:

1. Are you allergic to anything? _____

2. Do you suffer from Asthma, Eczema or Hay Fever?
If YES, how is it controlled?

Yes No

3. Are you diabetic?
If YES, how is it controlled?

Yes No

4. Date of LMP _____

5. Have you missed a period?

Yes No

6. Have you been sterilised?

Yes No

7. Is there any possibility you could be pregnant?

Yes No

Patient's Signature: _____ **Date:** _____