



Spire

Fylde Coast Hospital

# MRI REFERRAL FORM

Spire Fylde Coast Hospital  
St Walburgas Road, Blackpool. FY3 8BP

URGENT	NON URGENT	IP	OP	M or F	CONSULTANT
<b>Patient Details:</b> Hosp _____ No: _____ Surname: _____ Forename: _____ Address: _____ Postcode: _____ D.O.B: /__ /____				<b>EXAMINATION REQUESTED:</b>	
Tel Home: _____ Tel Work/Mobile _____ <b>PREVIOUS MR EXAMINATIONS:</b>				<b>RADIOLOGIST PROTOCOL:</b>	
<b>CLINICAL INFORMATION:</b>					
<b>CONTRAST REQUIRED</b> Yes / No If yes state eGFR _____			Has the patient any Renal Impairment? Yes / No If last blood test over 3 months please order for up to date eGFR _____		
<b>PACEMAKER/Implanted Defibrillator</b>		Yes / No		<b>Contraindicated for MR at SPIRE FCH</b>	
<b>Cochlear Implants</b>		Yes / No		<b>Contraindicated for MR at SPIRE FCH</b>	
<b>Loop recorder/Reveal device fitted</b>		Yes / No		IF YES Provide details	
<b>Electronic/mechanical/magnetic implants</b>		Yes / No		Provide details	
<b>Aneurysm clips</b>		Yes / No		Type: Date inserted/Which Hospital:	
<b>Artificial heart valve</b>		Yes / No		Provide exact details	
<b>Shunt Programmable</b>		Yes / No Yes / No		Provide details	
<b>Previous surgery</b>		Yes / No		Provide details	
<b>Neurostimulators</b>		Yes / No		Provide details	
<b>Diabetic</b>		Yes / No			
<b>Pregnancy</b>		Yes / No		<b>If yes please discuss with radiologist</b>	
<b>Penetrating eye injury</b>		Yes / No			
<b>Weight above 200kg?</b>		Yes / No		If yes please provide up to date exact weight	
<b>Claustrophobic</b>		Yes / No			
<b>Infectious</b>		Yes / No		Details	
<b>REFERRERS SIGNATURE:</b>				<b>DATE:</b>	
<b>Appointments only</b>					
Date received:			Appointment Date and Time:		