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| Contact Details for the services |
| Email | radoffice@southernhealth.nhs.uk - **All referrals must be emailed** |
| Address | Radiology, LNFH, Wellworthy Rd, Lymington, Hants, SO41 8QD |
| Telephone | X-ray – 01590 663110 - MRI/CT – 01590 663125 - Ultrasound – 01590 663120 |
| **RADIOLOGY WILL CONTACT THE PATIENT WITH DETAILS OF THEIR APPOINTMENT** |
| Patient’s details | Patient’s background and culture |
| Name | Full Name  | Ethnicity | Ethnic Origin       |
|  |  | 1st language | Main Language       |
| DOB | Date of Birth  | Age | Age  | Interpreter required? Interpreter required       |
| Sex | Gender(full) | Military Veteran?       |
| Address & postcode | Home Full Address (stacked)  | Referrer details |
|  |  | Referring Clinician  |       |
|  |  | Address | Organisation Name Organisation Full Address (stacked)  |
| NHS No | NHS Number  |  Tel no | Organisation Telephone Number  |
| Hospital No | Hospital Number       |  Email | Organisation E-mail Address       |
| Home tel  | Patient Home Telephone  | Referral date | Short date letter merged  |
| Work tel | Patient Work Telephone  | Date received |       |
| Mobile tel | Patient Mobile Telephone  |  |  |
| Email | Patient E-mail Address       |  |  |
| Preferred contact method | Home | **[ ]**  | Work  | **[ ]**  | Mobile | **[ ]**  | E-mail | **[ ]**  |

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| **Social Information** |
| Social Context | Has a Carer **[ ]**  | Is a Carer **[ ]**  | Lives Alone **[ ]**  |  |
| Transport Issues | Chair: **[ ]**  | Transport required: **[ ]**  | Hoist required: **[ ]**  |
| Next of Kin |       |
| Relationship to Patient |  | Telephone No |       |
| Infection Risk |  |
| Smoking History |  |
| Pregnancy Status | Pregnant | Y / N | LMP:  |

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| **Reason for referral** |
| **C**linical Indications and questions to be answered:  |
| Examination / Area of interest |
| Signature: authorised referrer IR(ME)R 2017: | Printed Name:  |
| Job Title:  | Contact Number:  |

**Important information**

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| **RADIOLOGY BOOKED APPOINTMENT SERVICE**For **URGENT** referrals, please indicate on the referral form and we will contact the patient directly. **FORM VALID FOR 1 MONTH ONLY** | **Sites:****X-ray**- Lymington and Romsey**Ultrasound**- Lymington Romsey and Hythe **No transport or hoist patient access at Romsey or Hythe****\*Please Note: DO NOT bring children to Radiology appointments. We are unable to supervise during examination.** |
| **INCOMPLETE / ILLEGIBLE FORMS WILL BE RETURNED** |