MRI REFERRAL FORM

Please note – we are unable to accept referrals for patients under 16 years of age
Please note – we are unable to accept referrals for breast MRI

PATIENT		**REFERRER**	
NHS Number		Name	
Forename		GMC/HPC/NMC No	
Surname		Address	
Address			
Date of Birth		Referring PCT Code	
Telephone (Home)		Referring Practice Code	
Telephone (Work)		Telephone No. **(for urgent clinical findings)**	
Telephone (Mobile)		Fax No.	
E-mail Address		NHS.net mail only	
Gender	Male ☐ Female ☐	Eligible for and does require NHS funded transport? **(car transport only)** Yes ☐	
Physical/Communication difficulties (specify if any):		Wheelchair user? Yes ☐	
If interpreter required, language:		The patient must be ambulant, or if a wheelchair user they must be able to transfer independently onto the examination couch.	
Ethnicity			

PRESENTING COMPLAINT & PROVISIONAL DIAGNOSIS
Please provide as much relevant clinical information as possible to assist with the interpretation of the referral and images.

Please tick box if this scan is related to recent (within 5 years) spinal or neurosurgery ☐

Investigation(s) Required: tick investigation required; please indicate which side of body and body part where appropriate.

Brain	☐	Foot	L☐ R☐	Renal angiogram	☐
IAMS (both)	☐	Ankle	L☐ R☐	Mortons Neuroma	L☐ R☐
Pituitary Fossa	☐	Shoulder	L☐ R☐	Abdomen – Liver, Kidneys & adrenals	☐
Cervical spine	☐	Knee	L☐ R☐	MRCP	☐
Thoracic spine	☐	Hips	L☐ R☐	Other contrast enhanced scan (state):	☐
Lumbar spine	☐	Sacroiliac Joints	☐	Other (state body part and body side):	☐

All referrers must complete the following MRI safety questions:

1. Does the patient have any implanted metallic foreign devices? (e.g. cardiac pacemaker, artificial heart valve, cerebral aneurysm clips, cochlear implant etc) **Yes** ☐ **No** ☐
2. Is the patient known to have metallic fragments in their eyes? **Yes** ☐ **No** ☐

Date of Referral

Please post, fax or e-mail this form to the InHealth Patient Referral Centre:
Sandbrook House, Sandbrook Way, Rochdale OL11 1RY
Tel: 0333 202 0297 Fax: 0333 200 1163 E-mail: inl.inhealthreferrals@nhs.net

www.inhealthgroup.com
Version: April 2014