

DATE _____ HRN _____
 PATIENT _____
 DOB _____
 PROV HC# _____
 DOCTOR _____
 CLINIC/UNIT _____ LOC'N _____

REQUEST FOR CONSULTATION FOR DIAGNOSTIC IMAGING EXAM

Outpatient
 First Available Site Fax to:
 DI Central Intake 204-926-3650
 or
 Preferred Site(s) _____
 (see reverse)

ER
 Inpatient _____
 (Site and Unit)

Date Exam Needed: _____ ACP #: _____

PATIENT INFORMATION

PHIN _____ Sex Male Female
 Other Insurance No. _____ WCB # _____
 Address _____
 City _____ Province _____ Postal Code _____
 Phone Home _____ Work _____ Cell _____
 Emergency Contact/Next of Kin _____ Maiden Name _____

HISTORY AND EXAMINATION REQUESTED

(See WRHA website for additional information and forms for Breast U/S; PET; Mammography, Bone Density)

Modality Requested (select one)

X-Ray Ultrasound CT Nuclear Medicine

For MRI, see
<http://wrha.mb.ca/prog/diagnostic/forms.php>

Examination Requested _____

Elective
 Urgent

*Note: For **emergent** outpatient exams, Radiologist must be contacted directly

METHOD OF TRANSPORT

Wheelchair Stretcher Ambulatory Portable
 Gerichair Bed Will Require Lift

Previous Relevant Exams	Date	Location
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

History and Provisional Diagnosis. Patient on Infection Control Precautions? Specify _____

MUST COMPLETE FOR ALL EXAMS

Patient Weight _____

Patient Height _____

Is patient pregnant? Yes No

LNMP _____ / _____ / _____
 dd mm yy

Is patient nursing? Yes No

For invasive procedures:

INR (within 24 hours of exam) _____

Platelets (within 24 hours of exam) _____

FOR CONTRAST ENHANCED EXAMS

If contrast media is required, no solid food 4 hours prior to study. Normal fluid intake. If the patient is diabetic, please adjust medication accordingly.

"Allergy" to X-Ray dye Yes No

Contrast media can reduce renal function in patients with the following risk factors: (check all that apply)

Kidney Disease Collagen Vascular Disease Receiving Metformin, Interleukin, NSAIDs
 Diabetes Myeloma Age > 65 years

For these "at risk" patients:

- provide Serum Creatinine (within 90 days of exam or 30 days if known renal disease) _____
- consider stopping NSAIDs, ACE inhibitors or other nephrotoxic medications prior to the procedures.
- stop Metformin 48 hours following IV contrast injection and check renal function prior to re-initiating medication.

AUTHORIZED CLINICIAN INFORMATION

Signature (Print and Sign) _____

MHSC Billing # _____

Address _____ Phone # _____ Fax # _____

Date _____

Extra Report To: _____
 Name/Address/Phone _____

Fax # _____

Office Use Only Coding _____

Appointment Date/Time _____