

PET-CT Scan Referral Form

PET Centre, First Floor, Lambeth Wing, St Thomas' Hospital, Westminster Bridge Road, London, SE1 7EH
Tel No: 020 7188 1493 FAX No: 020 7620 0790

Please complete all sections of this form and click Submit at the bottom of the page.

PATIENT DETAILS

| | |
|------------------|-------------|
| Surname: | First name: |
| Date of Birth: | Male Female |
| Address: | |
| Post Code: | |
| Telephone No: | |
| Hospital Number: | |
| NHS Number: | |
| GP Details: | |

REFERRING CONSULTANT

| | | | |
|--|----|----------------|-------------|
| Dr | Mr | Surname: | First name: |
| Prof | Ms | | |
| Speciality: | | | |
| Hospital: | | | |
| If inpatient, contact details of ward: | | | |
| Phone No: | | Fax No: | |
| Signature: | | Bleep No: | |
| Date: | | NHS.net email: | |

FUNDING

| | | | |
|----------------------------|-----------------|----------|-----------|
| NHS | Private Patient | Self Pay | Sponsored |
| Private Insurance Details: | | | |
| Sponsorship Details: | | | |

Reason for referral and clinical information (Please continue on a separate sheet if necessary):

| | | | | |
|-----------|-----------|------------------------|-----|----|
| MDM Date: | OPA Date: | Two Week Wait Patient? | Yes | No |
|-----------|-----------|------------------------|-----|----|

PLEASE COMPLETE WHERE RELEVANT

| | | | | |
|--------------|------|--------------|------------------------|------------------------|
| | Type | Cycle Length | Date of Last Treatment | Date of Next Treatment |
| Surgery | | | | |
| Chemotherapy | | | | |
| Radiotherapy | | | | |

| | | |
|---------------------------|-------------------------------------|---|
| Is this patient diabetic? | Does this patient require sedation? | Could this patient present an infection risk? |
| Tablet Insulin No | Yes No | Yes No |

Referrer's responsibilities under IR(ME)R 2017

- Adequate details must be given to ensure that the identity of the individual can be verified prior to any radiation exposure
 - The referral clearly identifies the referrer and that they are medically qualified
 - If the individual is of child bearing age, pregnancy and breast feeding are considered to be relevant medical information
 - Sufficient medical information must be given for the request to be justified according to IR(ME)R 2017 – this is a legal requirement
 - The examination results are made available to relevant personnel directing the individual's care
- For referral indications please see http://sthpetcentre.org.uk/ForClinicians_Referrals/referrals.php

Please tick to acknowledge your responsibilities under IR(ME)R:

Click Submit once you have completed all fields