COMMUNITY OUTPATIENTS

Direct Access Non-Obstetric Ultrasound Request Form

NH

Patient details

Mr. ☐ Miss. ☐ Mrs. ☐ Ms. ☐ Other ☐ _____

Forename:

Surname:

Address:

Postcode:

Birth Date: / /

Tel (Home):

Tel (Work):

Tel (Mobile):

Email Address:

Gender: Male ☐ Female ☐

NHS Number:

BMI:

Ethnicity:

First Language:

Referrer details

Name:

Address:

Postcode:

GP Practice Code:

Tel:

Fax:

NHS email *(for receipt of an electronic report)*:

@

Date of Referral: / /

Interpreter Required: Yes ☐ No ☐

Chaperone Required: Yes ☐ No ☐

Ultrasound Scan Request (excludes referrals for breast, obstetric, cardiac imaging, chest, ophthalmology, superficial lumps in the neck, axilla or groin and thyroid. Please tick type of ultrasound required

Please select: **URGENT** ☐ **ROUTINE** ☐

Upper Abdomen	☐	Transabdominal Female Pelvis	☐
Renal Tract	☐	Transvaginal Female Pelvis	☐
MSK (No Necks)	☐	Groin/Male Pelvis	☐
Aorta	☐	Testes	☐
Vascular (Includes suspected DVT)	☐		

Clinical Condition / Symptoms and Clinical Indication (including relevant previous medical and drug history):

Preferred Clinic Location (Please tick one or more)

Dover Medical Practice, Dover ☐	The Broadway Practice, Broadstairs ☐	Oaklands Health Centre, Hythe ☐
The Park Surgery, Herne Bay ☐	St Stephens Health Centre, Ashford ☐	Sandgate Road Surgery, Folkestone ☐
St Johns Medical Practice, Sevenoaks ☐	Gravesend Medical Centre, Gravesend ☐	University Medical Centre, Canterbury ☐
St Georges Medical Centre, Sheerness ☐	Woodlands Family Practice, Gillingham ☐	
Faversham Health Centre, Faversham ☐	Memorial Medical Centre, Sittingbourne ☐	
The Cedars Surgery, Deal ☐	Minister Medical Centre, Sheerness ☐	

Signature:
GP GMC No:

Name: (Printed)

Date:

Please send your request form via **fax to 01233 220 616** or email our Referral Management Team, on **community.outpatients@nhs.net**

To speak to our Referral Management Team directly please call **01233 754 499**.

For referrals by post, use our pre-paid service by simply writing **FREEPOST COMMUNITY OUTPATIENTS** on an envelope