



Radiology Referral Form

Fax to 519-646-6204

NOTE: Medical Imaging (MI) does not **accept walk-in** general x-ray patients. All general x-rays **MUST** be booked by **faxed requisition to 519-646-6204** or by calling **MI Bookings, 519-646-6000 ext. 65074**. For same-day exams, call Bookings at (519) 646-6000 ext. 65074 **before sending the patient to imaging**, to determine if request can be accommodated.

1. Patient information

Last name: _____ First Name: _____ Middle Initial: _____
 Gender: M F Date of birth (YYYY/MM/DD): _____
 Address: _____ City: _____ Postal Code: _____
 Home Phone: _____ Alternate Phone: _____
 Health card number: _____ Version Code: _____
 WCB Employer: _____ S.I.N.# _____ ACCIDENT DATE: _____ (YYYY/MM/DD)

Preferred language English Other: _____ Interpreter required? No Yes

Mobility Ambulatory Wheelchair Stretcher Portable Mechanical lift required

Diabetes No Yes **Pregnant** No Unknown Yes, _____ weeks

Research study? No Yes Study#: _____ Study name: _____

2. Allergies: None If patient has known latex or contrast allergy, please notify us as soon as possible at 519-646-6044

3. Previous exams None

X-Ray **at** St. Joseph's Health Care London LHSC Other: _____
 Nuclear Medicine **at** St. Joseph's Health Care London LHSC Other: _____
 Ultrasound **at** St. Joseph's Health Care London LHSC Other: _____

4. Exam requested:

NOTE: Bone Mineral Density (BMD) exams should be submitted on the BMD referral form available at www.sjhc.london.on.ca

X-ray Injection Other: _____

Fluoroscopy: Barium swallow Upper GI series Small bowel follow through
 Modified Barium Swallow with Speech Language Pathologist (*Pharynx only*)

→ Site: _____ → Side: Right side Left side

Diagnosis suspected: _____

Clinical Findings and History: _____

5. Referring Health Care Provider

Last name: _____ First Name: _____ **Signature:** _____
 Address: _____ City: _____ Postal Code: _____
 Phone: _____ Fax: _____ OHIP Billing Number: _____
 Copy to: _____ Fax: _____

Radiology department use only: Emergency Urgent Elective Research Appointment date: _____