Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
À l'écoute de notre santé

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

☐ **X-Ray** ☐ **Ultrasound** ☐ **CT** ☐ **Nuclear Medicine**

METHOD OF TRANSPORT

☐ Wheelchair ☐ Stretcher ☐ Ambulatory ☐ **Portable**
☐ Gerichair ☐ Bed ☐ Will Require Lift

Examination Requested

☐ Elective
☐ Urgent

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

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: ____________________ Fax # ________
Name/Address/Phone

Office Use Only Coding

Appointment Date/Time

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