



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 _____