

Welbeck Women's Health – Breast Imaging Referral Form

Please complete all sections of the form. **By completing this form, you confirm you have the consent required to share this information.**

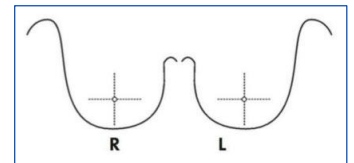
PATIENT DETAILS

Title:	Forename:	Surname:
MRN:		
Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Residential address:	Postcode:	
Telephone:	Mobile:	Email:

REFERRAL DETAIL

Examination required to be reported by:

Clinical indication for examination – please summarise relevant history, clinical findings and test results. Indicate the question that the examination should answer.



Please state when and where previous breast imaging was performed, so that it can be retrieved for comparisons.

PREVIOUS HISTORY

Family:		
Breast cancer:		
Radiotherapy / chemotherapy:		
Breast surgery:		
LMP:	Parity:	Post-menopausal: <input type="checkbox"/> Yes <input type="checkbox"/> No
HRT/OC:	Duration:	

N.B. This form is a legal document - Referrer's Declaration:

- The correct patient details have been provided
 I have discussed the examination, including any intervention, with the patient/guardian
 I have taken into account the possibility of pregnancy
 I have given sufficient information for the request to be justified according to IR(ME)R 200
 I will ensure that the examination results are recorded in the patient's notes

REFERRER DETAILS

Gp/referrer name:	Gp/referrer practice:
Gp/referrer contact number:	Gp/referrer email:

PAYMENT DETAILS (IF KNOWN)

Type: <input type="checkbox"/> Bill to patient <input type="checkbox"/> Bill to insurer <input type="checkbox"/> Bill to referrer <input type="checkbox"/> Bill to embassy			
Insurance company:		Embassy:	
Agency name:		Membership no:	
Authorisation code:		Letter of guarantee: <input type="checkbox"/> Yes (please attach)	
Name:	Signed:	Date:	Professional reg no:

Please attach the last clinic letter, any relevant test results and any additional documentation to this form & submit to us via one of the following: