

BRAIN IMAGING REFERRAL FORM

PATIENT DETAILS		REFERRER DETAILS	
Name:		Usual GP:	
Address:		Practice Address:	
Postcode:		Practice Code:	
NHS Number:		Practice Phone No:	
Hospital number:		Practice Email:	
Date of Birth:		Name of Referrer:	
Referral date:		Referrer Mobile No:	
		Referrer Role:	
Special Needs:	<input type="checkbox"/> Capacity to consent <input type="checkbox"/> Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Oxygen <input type="checkbox"/> Barrier <input type="checkbox"/> Interpreter Language:	Mobility :	<input type="checkbox"/> Walk <input type="checkbox"/> Chair <input type="checkbox"/> Bed <input type="checkbox"/> Mobile imaging req. <input type="checkbox"/> Escorted
Preferred Contact No:	Home: Work:	Mobile:	
Patient consents to be contacted by text message?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Preferred Hospital:	QEHB <input type="checkbox"/>	Heartlands <input type="checkbox"/>	Solihull <input type="checkbox"/> Good Hope <input type="checkbox"/>
Procedure or Examination requested:	Patient Medical Status		
	Allergies:		
	Pregnancy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Question and Relevant Information:	Breast Feeding:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Asthmatic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Diabetic:	<input type="checkbox"/> Insulin <input type="checkbox"/> Metformin	
	Exams requiring contrast:	<input type="checkbox"/> U&E Test underway eGFR:	
	MRI use only (Please tick if the patient has the following)		
	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Aneurysm clip	
	<input type="checkbox"/> Metal foreign body	<input type="checkbox"/> Operation within 3/12	
	<input type="checkbox"/> Claustrophobia	<input type="checkbox"/> High BMI	
Click here for current imaging referral guidelines: https://www.uhb.nhs.uk/gps/referrals/imaging/			
OFFICE USE ONLY			
Imaging Notes		Imaging Audit Data	
		Received Date:	
		Operator:	
		Signature:	

REQUEST FOR BRAIN IMAGING: (Choose the appropriate option dependent on referral criteria)	
PATHWAY CHECK LIST:	
<input type="checkbox"/> Face to Face GP consultation (referral will be returned if a direct clinical assessment has not been undertaken)	Date:
Choose one of the following referral options : (Please tick the relevant box for degree of urgency)	Criteria: (Ensure all criteria for your chosen option are ticked for the referral to proceed)
<input type="checkbox"/> Routine brain imaging referral	Chronic headache (≥6 weeks) <input type="checkbox"/>
<input type="checkbox"/> Routine brain imaging referral via neurology advice & guidance	Neurology A&G is attached/added <input type="checkbox"/>
<input type="checkbox"/> Urgent brain imaging (2 weeks wait) (There must be evidence of progressive, sub-acute loss of Neurological and/or cognitive function) (U+Es required within last 3 months)	Clear Neurological deficit? <input type="checkbox"/>
	And/or Clear Cognitive Deficit? <input type="checkbox"/>
Clinical details: History /examination findings	Free text
*Patient pregnancy status / LMP status	
<p>Referrer Declaration – Please confirm and tick</p> <input type="checkbox"/> GP Direct Access Pathway referral criteria completed above <input type="checkbox"/> Email header states whether the request is Routine or Urgent <input type="checkbox"/> The patient is aware that they may be offered the first available appointment at any of the UHB sites <input type="checkbox"/> I have read “Who should not be referred using this form” on page 3 and am happy to proceed <input type="checkbox"/> I understand that failure to complete the form correctly will result in rejection and the form being returned	
Referrer name and signature: (If form manually completed)	Date:
Please submit your completed referral form to the following email inbox based on your patient's preferred hospital stating in the email header whether the request is Routine or Urgent .	
Queen Elizabeth Hospital	MRI-Bookings@uhb.nhs.uk
Heartlands Hospital	BHHImagingreferrals@uhb.nhs.uk
Solihull Hospital	SOLImagingreferrals@uhb.nhs.uk
Good Hope Hospital	GHHImagingreferrals@uhb.nhs.uk
IT IS VITAL AN NHS DOMAIN EMAIL IS INCLUDED IN THE REFERRER DETAILS. This will allow us to send urgent but non critical findings (i.e. suspected cancer) for your attention. Failure to include an appropriate email will result in the form being returned.	

Further information and guidance:

- The exam of choice will be MRI but CT can be requested if more appropriate.
- If any **Red Flags** are present the patient should be sent to the local Emergency Department (ED). The following are classed as emergency presentations:
 - a sudden onset headache (thunderclap) [suspected sub-arachnoid haemorrhage]
 - a high temperature and stiff neck [suspected meningitis]
 - newly identified papilloedema [suspected space occupying lesion with critical mass effect]
 - pregnant or has just given birth with new headache, seizures, focal neurological signs, or visual or cognitive impairment [suspected venous sinus thrombosis]
 - sudden onset weakness, speech arrest, visual loss or ataxia [suspected stroke]
- This form is only for adult patients (aged ≥ 16 years) in primary care where a brain tumour is suspected and have not had a brain scan of any kind in the last 6 months. In compliance with this, please state the examination findings or cognitive test results which demonstrate progressive, sub-acute loss of central neurological/cognitive function. GP urgent brain imaging will be performed pre & post contrast (**U&Es required in the last 3 months**).
- If the patient has a chronic headache ≥ 6 weeks a routine brain scan can be requested if clinically required. If you suspect a chronic headache but it is still less than <6 weeks consider conservative management and refer to the UHB website for management of headaches or consider Neurology Advice and Guidance.
- If you are unsure of the nature of the headache please contact the Neurology advice and guidance team at UHB. If brain imaging is warranted the Neurology team will document this in their response and also the degree of urgency. The GP should embed/attach this evidence to the Imaging referral and forward to the Imaging Department of the patient's local hospital in the usual manner.

Who should not be referred using this form?

- If the patient is known to have a previous cancer in the last five years please make a referral back to Oncology by emailing OncologySecretary2QEH@uhb.nhs.uk.
- Patients who have already had a scan elsewhere which shows a suspected brain tumour need to be referred to the BrainTumourSpecialistNurses@uhb.nhs.uk.
- Proven or suspected acoustic neuromas are not in this pathway. Patients with suspected acoustic neuromas (new unilateral hearing loss and/or tinnitus) should be referred to ENT at their local DGH on a routine basis.
- Patients with suspected dementia please refer to the UHB Memory Clinic.
- Patients with suspected temporal arteritis should not be referred through this pathway. There is a separate collaborative 'GCTA pathway' soon to be launched via the UHB website.
- If your patient has had a suspected seizure they need to be referred to neurology first fit clinic or ED as clinically appropriate.
- The MRI scan is being used here as a screen for brain cancer only. It may not detect other pathology such as sub-acute stroke or MS. If you suspect something other than a brain tumour then either refer to local Neurology Advice and Guidance services or discuss the case with the on call Neurology registrar.
- If the scan is normal or has findings, other than brain cancer, the patient will be referred back to you for further management (Brain Imaging Pathway flowchart for further information). If you are unsure how to manage the findings or problems persist then please review the FAQs document of incidental findings document and/or refer to Neurology Advice and Guidance.