Service provided by
University Hospitals Birmingham NHS Foundation Trust
Birmingham Women's and Children's NHS Foundation Trust

NHS
Birmingham and Solihull

URGENT PELVIC US SCAN 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:	☐ Capacity to consent ☐ Sight ☐ Hearing ☐ Oxygen ☐ Barrier ☐ Interpreter Language:	**Mobility :**	☐ Walk ☐ Chair ☐ Bed ☐ Mobile imaging req. ☐ Escorted

Preferred Contact No:	**Home:**		**Work:**		**Mobile:**	

Patient consents to be contacted by text message?: ☐ Yes ☐ No

Preferred Hospital:	Heartlands ☐	Solihull ☐	Good Hope ☐	BWH ☐

Procedure or Examination requested:	**Patient Medical Status**	
	Allergies:	
	Pregnancy:	☐ Yes ☐ No
Clinical Question and Relevant Information:	**Breast Feeding:**	☐ Yes ☐ No
	Asthmatic:	☐ Yes ☐ No
	Diabetic:	☐ Insulin ☐ Metformin
	Exams requiring contrast:	☐ U&E Test Underway eGFR:
	MRI use only (Please tick if the patient has the following)	
	☐ Pacemaker ☐ Metal foreign Body	☐ Aneurysm clip ☐ Operation within 3/12

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:	

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REQUEST FOR URGENT US PELVIS: (All of the following criteria must be fulfilled for the referral to proceed)

PATHWAY CHECK LIST: (Please tick to confirm that all criteria have been met)

Urgent Request

☐ **Confirm patient is premenopausal**

☐ **Suspicion of malignancy with ovarian cancer symptoms as per NG12**
https://www.nice.org.uk/guidance/ng12/chapter/recommendations-organised-by-site-of-cancer

☐ **A face to face consultation has taken place to exclude abdominal/pelvic mass and ascites**

☐ **CA125 Level is between 35-69 IU/ml (please record the level)** ☐

☐ **They are NOT pregnant**

- If your patient does not fulfil the above criteria, and you have a strong suspicion of malignancy please use the 2WW NSS (Non-specific symptom) referral form.

Referrer Declaration – Please confirm and tick

☐ GP Direct Access Pathway referral criteria completed above
☐ Email header states the request is **Urgent** and also this is outlined in the Clinical Question section on first page
☐ The patient is aware that they may be offered the first available appointment at any of the UHB/BWH sites
☐ 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** that the request is **Urgent.**

Heartlands Hospital	**BHHImagingreferrals@uhb.nhs.uk**
Solihull Hospital	**SOLImagingreferrals@uhb.nhs.uk**
Good Hope Hospital	**GHHImagingreferrals@uhb.nhs.uk**
Birmingham Women's Hospital (BWH)	**bwc.bwhradiology@nhs.net**

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.