

CUH Referral proforma: Plain X- rays

This is a temporary form for use during the COVID-19 pandemic.

If the patient requires transport, please ensure a return journey is booked.

Addenbrooke's Hospital

Imaging, Box 218,

Hills Road, Cambridge, CB2 0QQ

Tel: 01223 216270

E-mail: add-tr.OutpatientXRay@nhs.net**COVID-symptoms or self-isolating**

Patients **must NOT attend the hospital** until they have completed self-isolation, and symptoms have resolved.

Referral Process

Routine x-ray requests are now open but please be aware that there are likely to be significant delays. There is a backlog of routine x-ray requests which CUH is working hard to clear.

Do not give the form to the patient.

Email this form to: add-tr.OutpatientXRay@nhs.net

Referrals will be triaged and patients will receive a letter once triaged.

If the referral is urgent please tick the box

If a referral has not been accepted and you wish to discuss, please ask to speak to the Lead Radiographers on 01223 216531.

Patient's details:

Surname: <Patient Name>

NHS No: <NHS number>

Forename: <Patient Name>

Hosp No:

Address: <Patient Address>

Date of birth: <Date of Birth>

Home Tel: <Patient Contact Details>

Alternate Tel: <Patient Contact Details>

Mobile Tel: <Patient Contact Details>

Language of choice: <Main spoken language>

Communication/understanding difficulties

Interpreter required

Moving and Handling requirements

Patient Mobility:

I confirm the patient does not have symptoms of COVID-19 and is not self-isolating

Clinical indications for X-ray and details of symptoms: Routine **Urgent**

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X-ray examination required:

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Referring GP's details and signature (please print or stamp):

Name: <Sender Name>

Surgery address: <Usual Branch Address>

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Surgery Tel:<Organisation Details>

GP's signature: **Date:** <Today's date>

<p>For CUH use</p> <p>Date of Triage:</p> <p>Patient appointment date:</p>
