Clinical Tool

Cambridgeshire & Peterborough CCG Ultrasound Request Form

(For Primary Care use only. Not to be used by secondary care)

Please book ultrasound scans using eRS, this shows exclusion and inclusion criteria.
If specific ultrasound clinics are not available on eRS, then send referral via email
One ultrasound examination per appointment slot.

Main Switchboard	Ultrasound department	
Addenbrooke's Hospital 01223 245151	**add-tr.radiologyultrasound@nhs.net** 01223 216455	☐
Diagnostic Healthcare 0161 929 5679	diagnostic.healthcare@nhs.net POW ☐ Wimblington ☐ Thistlemoor ☐ Riverside ☐ Oundle ☐ Boroughbury ☐	☐
HealthShare Diagnostics 0800 6524157 (Previously Global Diagnostics)	Boots Cambridge ☐ Woodlands ☐ Sawston ☐ Monkfield ☐	☐
Hinchingbrooke Hospital 01480 416416	**nwangliaft.hhdiagnosticimagingbookings@nhs.net** 01480 416130/ 01480 428998	☐
Peterborough City Hospital 01733 678000	*Please continue to use ICE to request ultrasounds*. 01733 678384	☐
Queen Elizabeth Hospital 01553 613613	**Qehkl-tr.radiology@nhs.net** 01553 613777	☐

Referral guidelines: Follow guidelines before requesting ultrasound scan
Due to the COVID-19 backlog there will be significant delay to routine scans

Gynaecology	
Heavy menstrual bleeding	Ultrasound not part of the routine examination HMB guideline (p2) Please see latest guidance detailing when ultrasound is indicated
Polycystic ovarian syndrome	Ultrasound not always indicated. CKS guidelines
Ovarian cysts	CUHFT ovarian cyst guidelines
Post-menopausal bleeding	Refer 2ww-not ultrasound
Shoulder	Not normally indicated in Primary Care. Refer to Physiotherapy Dynamic Health For suspected intrinsic shoulder disorders see OUH shoulder guidance, NICE CKS, British Orthopaedic Society (p3)
Hernias	See Hernia CCG guidelines Patients with groin pain with clinical suspicion of hernia (obscure pain or swelling), should not have diagnostic testing in primary care and be referred for specialist assessment
2ww Cancer Proformas	See Suspected cancer recognition and referral (NICE guidance NG12) **Gynaecology, Sarcoma** and **Upper GI 2ww forms** for indications for urgent ultrasound and CCG NG12 ultrasound referral guidelines. Do not send suspected cancer forms to community providers (Global Diagnostics and Diagnostic Healthcare).
Scrotal Swellings	Any induration or irregularity of testes refer as 2ww If lump/swelling is separate from testis or within postero-lateral epididymis, consider urgent community uss to confirm cyst/hydrocoele/hernia

<Patient Name> <NHS number>

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Patient Details:
Surname: <Patient Name>
Forename: <Patient Name>
Address: <Patient Address>

NHS No: <NHS number>
Date of birth: <Date of Birth>
Home Tel: <Patient Contact Details>
Work Tel: <Patient Contact Details>
Mobile Tel: <Patient Contact Details>
Consent for SMS appointment reminders: ☐

Male ☐ Female ☐ Transgender ☐ Needs Carer ☐ Needs Interpreter ☐
<Main spoken language>

Any disability requiring help transferring? ☐ Please give details

BMI <Latest BMI> Weight<Latest Weight>
Limit 23 stone (146kg) if referring to Diagnostic Health Care or HealthShare Diagnostics

Diabetes ☐ Any dates patient not available

WHO Performance Status **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐
0 Fully active, 1 Restricted strenuous activity, 2 Ambulatory and self-care, unable to work, 3 Limited self-care, 4 Completely disabled

Referring clinician: <Your Name>
Signature:
Date: <Today's date>

Practice Address: <Usual Branch Address>
Practice code: <Organisation Details>
Practice email:
Tel No: <Organisation Details>

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

NICE Guidelines 12 (NG12) Suspected Cancer Requests:
See 2ww referral forms and CCG NG12 ultrasound referral guidelines.

Gynae ☐ **Sarcoma** ☐ **Upper GI** ☐

Other Requests non NG12: **URGENT** ☐ **ROUTINE** ☐

Examination Required:

Abdomen ☐ Renal Tract ☐ Testes ☐ Gynae ☐ MSK ☐ Soft tissue ☐ Other ☐

If MSK or soft tissue, please confirm anatomical site:

Clinical Information:

Question to be answered: