GP Care UK Limited

160 Aztec West

Bristol BS32 4TU

T 0333 332 2103

F 0303 334 0698

www.gpcare.org.uk

**Referral Request**

**NHS Community Ultrasound Service**

**To be submitted via e-Referral**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Referring GP:** |  | **\*Practice Name:** |  |

*Please print patient details \*Mandatory fields*

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Title:** |  | **\*NHS no:** |  |
| **\*Surname:** |  | **\*DOB:** |  |
| **\*Forenames:** |  |  | |
| **\*Clinical history, previous operations and provisional diagnosis. What question do you want answered/ investigation required?**  **Diabetic patient?** | | | |
| **Scan Type:**  **Abdo, Renal or Aorta**   **Pelvis**  **Abdomen & Pelvis (combined)**  **Testes**  **MSK** | | | |
| **\*Urgency:**  **Urgent**  **Non-Urgent/Routine** | | | |
| **\*Special/Social needs:**  **None**  **Hearing Impairment**  **Visual Impairment**  **Cognitive Impairment**  **Mobility Impairment** | | | |