GP Care UK Limited

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**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**  |