

## Community Referred Radiology Form

### Patient Details

Referral Date: \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ NHI: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Gender:  Male  Female Ethnicity: \_\_\_\_\_ Eligible for NZ Health Care?  Yes  No

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### Referrer Details

Referrer: \_\_\_\_\_ Practice name: \_\_\_\_\_

Contact Ph.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Copy Result To: \_\_\_\_\_

### Investigation:

Priority:  Routine  High  Very High

CT/USS: Up to 8 weeks

CT/USS: Within 3 - 5 days

USS: Refer Acute Demand Contract

CT: Call CRG on 372 1406

Fax CRG on 371 7200

### Do NOT use this form for:

- Acute Demand Coordination Service radiology
- CT colonography

→ Use the specific form (download from <http://www.christchurchradiology.co.nz/forms/>)

→ Use the colorectal score tool

### Clinical Details

### Gynaecology

USS requests for patients with heavy or irregular bleeding require one of the following:

- Age  $\geq 45$
- Pelvic mass
- Age  $>35$  plus major risk factor:

\_\_\_\_\_

### Bone Density

Criteria for public DXA (8-12 weeks):

- Previous fragility fracture
- Glucocorticoid use  $>3$  months

Patients with other major risk factors and follow-up scans will be considered on a case-by-case basis (see HealthPathways).

**FRAX :** Major: %

Hip: %

Follow-up scan

Referrer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tick if resubmitting this request

Fax to the Referral Coordinator on 0800 555 266

Enquiries – [crr-referrals@cdhb.govt.nz](mailto:crr-referrals@cdhb.govt.nz)