Brighton and Sussex University Hospitals NHS Trust

PETCT Referral Form

Issued: December 2014

brighton and sussex medical school

Patient Details

Hospital/NHS Number	Date of birth	Title

Surname	Forename(s)

Address

Post code

Contact Number/ Email

GP name and address:

Funding NHS Insured Self-funding

Mobility Walking Chair Trolley

Does the patient require a sign or foreign language interpreter?

No Yes

Language

2WW or 62 day target patient? **Yes** **No**

Clinical Indications

Reason for referral
(including any surgery, current medication and correlative imaging)

Has there been disease in the head/neck, arms or legs?
No. If Yes, please specify:

PET-CT Examination requested:

FDG Choline Amyloid Other

Referrer Details

Title Hospital

Name (print)

Speciality

Oncology Other(specify)

Extension / bleep #

Consultant signature

Date

IR(ME)R2000 regulations require the referring consultant to sign this form

Safety Check

	No	Yes
Is the Is the patient currently an IP?		
Ward Reason		
Could the patient be pregnant?		
Is the patient breast feeding?		
Is the patient claustrophobic?		
Is the patient part of a trial?		
If yes specify		
Is the patient a high infection risk? *If yes specify*		
Does the patient have any allergies? *If yes specify*		
Is the patient diabetic? *How is it controlled?* Diet Tablet Insulin		
Is the patient incontinent?		
Approximate weight:		
MDT date / Breach date		

Patient History

Chemotherapy

Type Cycle Length

Date of last treatment Date of next treatment

Radiotherapy

Site Date

Last PET/CT (date)

Last MRI or CT (date)

All the above sections must be completed, incomplete forms will be sent back to the referrer.

Signed forms may be emailed to nuclear.medicine.enquiries@bsuh.nhs.uk , **faxed to: 01273 664923** or posted to : Dept of Nuclear Medicine, Royal Sussex County Hospital, Eastern Road, Brighton, East Sussex, BN2 5BE

Nuclear Medicine use only

Protocol required (Clinical authorisation by ARSAC licence holder or delegate only, **sign in box)**

WB	TB	HN	Brain	Other (specify)	Code

Authorised by

Name

Date