



CENTRAL QUEENSLAND
RADIOLOGY

Hospital Radiology Referral

Excellence in Diagnostics

PATIENT DETAILS

Name : _____ Ph : _____
 DOB : _____ Mob : _____
 Address : _____
 _____ Email : _____
 Medicare Nbr : _____ (Place patient label here)

Inpatient DVA, If Yes, Nbr : _____
 Outpatient Workers Comp, If Yes, Claim Nbr : _____
 Private Emergency Dept

Routine Name : _____
 Urgent / Emergency Ph : _____

Imaging Requested

X-Ray CT Ultrasound MRI Nuclear Medicine

Clinical Details (include relevant surgery, imaging and pathology results)

CC: _____

Ward / Unit / Clinic : _____

Bed Nbr : _____

Attn Dr : _____

Mode of transport : Bed / Chair

Pregnant Yes No

Contact Precautions Required Yes No

Infectious/ MRSA Yes No

Allergies Yes No

Asthma Yes No

Specify : _____

MEDICAL IMAGING FINAL CHECK

Patient identification verified

Procedure & consent verified

Correct side & site verified

Correct patient data & side markers

YES

Radiographer's initials : _____

Team Leader

Signature : _____

Risk factors for CT, MRI , IVP, Interventional Procedures

Previous reaction to contrast Nil or > 60 years
 Details : _____
 Hx renal insufficiency
 Previous reaction to contrast
 Diabetic On Metformin

If yes to any of the above please complete

Creatinine : _____ eGFR : _____ Date : _____

For Intervention

Anticoagulants/specify

Coag profile required (include INR)

Completed Yes No

Auslab / QML / S&N / Other

Date : _____

Mandatory MRI Questionnaire

Aneurysm clip	Yes <input type="checkbox"/> No <input type="checkbox"/>	Programmable shunt	Yes <input type="checkbox"/> No <input type="checkbox"/>
Embolisation coils	Yes <input type="checkbox"/> No <input type="checkbox"/>	Metal prosthesis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inner ear implant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Penetrating eye injury ever	Yes <input type="checkbox"/> No <input type="checkbox"/>
Neuro / biostimulator	Yes <input type="checkbox"/> No <input type="checkbox"/>	Stent	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart surgery	Yes <input type="checkbox"/> No <input type="checkbox"/>	Requires sedation/pain relief	Yes <input type="checkbox"/> No <input type="checkbox"/>
Prosthetic cardiac valves	Yes <input type="checkbox"/> No <input type="checkbox"/>	Requires GA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cardiac pacemaker/wires	Yes <input type="checkbox"/> No <input type="checkbox"/>	Claustrophobia	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vena cava filter	Yes <input type="checkbox"/> No <input type="checkbox"/>	Able to lie flat	Yes <input type="checkbox"/> No <input type="checkbox"/>

M.I. Use only

Radiologist protocol/initial : _____

Radiographer's comments : _____

Nbr of exposures : _____ Initials : _____

Regions imaged : _____

Doctor Declaration: I have assessed the above risks to the patient for this examination

Requested by (print) : _____ Consultant (print) : _____

Signature : _____ Pager / Phone : _____

Date : _____

Forms will not be processed if incomplete or illegible

Patient Declaration: I elect to be treated as a private patient and be bulk billed for this service.

Yes No Signature : _____ Date : _____



Patient Information

1 How to book?



FOLLOW 2 SIMPLE STEPS TO GET A CALL BACK!

1. Scan the QR code.
 2. Upload a photo of referral front page.
- Done! We will contact you shortly.

OR



1300 822 741



bookings@cqradiology.com.au



cqradiology.com.au/booking

Please send through your referral prior to making an appointment.

2 Your Appointment

Date: _____ Appointment time: _____
Please arrive 15 minutes prior to your appointment time

Preparation: _____

For preparation instructions please refer to cqradiology.com.au

3 What's important?

General X-Ray | OPG

No appointment needed. Please attend one of our clinics during office hours. All Medicare eligible X-Rays are **Bulk Billed**.

Ultrasound | Nuclear Medicine | MRI | CT

Please make an appointment. Preparation prior to examination may be required. Fees may apply.

Interventional/Procedures

Please make an appointment. Preparation may be required prior to examination. Fees may apply.

Mammography | Bone Densitometry | Dental

Please make an appointment. Preparation may be required prior to examination. Fees may apply.

4 Where to go?

	BMD	CT Scan/CTCA	Echocardiography	Fluoroscopy	IR/Procedures	2D/3D Mammography	MRI	Nuclear Medicine	Dental Imaging/OPG	Ultrasound	X-Rays
Rockhampton Ground Floor, QTV House Aquatic Place, North Rockhampton 4701 P 07 4921 8800 F 07 4921 8898 / 8 AM - 5 PM	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rockhampton Hospital Canning Street Rockhampton Qld 4700 P 07 4920 6284 F 07 4932 5049 / 8 AM - 5 PM		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gladstone 13 Dawson Road Gladstone Qld 4680 P 07 4899 1700 F 07 4899 1799 / 8 AM - 5 PM		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gladstone Hospital Park Street Gladstone Qld 4680 P 07 4976 3363 F 07 4976 3269 / 8 AM - 5 PM		<input type="radio"/>			<input type="radio"/>					<input type="radio"/>	<input type="radio"/>
Emerald Hospital 69 Hospital Road Emerald Qld 4720 P 07 4987 9442 F 07 4982 2474 / 8 AM - 4:30 PM		<input type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biloela Hospital 2 Hospital Road Biloela Qld 4715 P 07 4992 7046 F 07 4992 4857 / 8 AM - 3 PM										<input type="radio"/>	<input type="radio"/>
Capricorn Coast Hospital 8 Hoskyn Drive Yeppoon Qld 4703 P 07 4913 3150 F 07 4938 3003 / 8 AM - 5 PM		<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
Hillcrest Rockhampton Hospital 4 Talford Street The Range Qld 4700 P 07 4923 8500 F 07 4923 8599 / 8 AM - 5 PM		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>					<input type="radio"/>	<input type="radio"/>