CENTRAL QUEENSLAND RADIOLOGY

Hospital Radiology Referral

PATIENT DETAILS

Name: _____

Address: _____

DOB: _____ Phone: _____ Email: _____

Medicare No.: _____

(Place patient label here)

☐ Routine ☐ Name: _____

☐ Urgent / Emergency ☐ Phone: _____

Imaging Requested

☐ X-Ray ☐ CT ☐ Ultrasound ☐ MRI ☐ Nuclear Medicine

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

CC: _____

Ward / Unit / Clinic:

Bed No.: _____ ☐ Inpatient ☐ Private

Attn Dr: _____ ☐ Outpatient ☐ Emergency Dept.

Mode of transport: ☐ DVA, If Yes, No.: _____

☐ Bed ☐ Chair ☐ Workers Comp, If Yes, Claim No.: _____

Pregnant	☐ Yes	☐ No
Contact Precautions Required	☐ Yes	☐ No
Infectious / MRSA	☐ Yes	☐ No
Allergies	☐ Yes	☐ No
Asthma	☐ Yes	☐ No

Specify: _____

MEDICAL IMAGING FINAL CHECK

	YES
Patient identification verified	☐
Procedure & consent verified	☐
Correct side & site verified	☐
Correct patient data & side markers	☐

Radiographers initials: _____

Risk factors for CT, MRI, IVP, Interventional Procedures

☐ Previous reaction to contrast

Details: _____

☐ Nil or ☐ >60 years

☐ Hx renal insufficiency

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

M.I. Use Only

Radiologist protocol/initial: _____

Radiographer's comments: _____

No. 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

1300 822 741
cqradiology.com.au

HDAA CERTIFIED ISO 9001

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

☐ Yes ☐ No Signature: _____ Date: _____

Excellence in Diagnostics

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.
All Medicare eligible X-Rays are Bulk Billed.

Ultrasound | Nuclear Medicine
MRI | CT | Mammography
Dental | Interventional Procedures

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

For more information on our radiologists, scan the QR code below

④ Where to go?

	BMD	CTCA	CT Scan	Echocardiography	Interventional	Fluoroscopy	Mammography	MRI	Nuclear Medicine	OPG & Lat Ceph	Ultrasound	X-Ray
Biloela Hospital 2 Hospital Road, Biloela 4715											◯	◯
Capricorn Coast Hospital 8 Hoskyn Drive, Yeppoon 4703			◯								◯	◯
Emerald Hospital 69 Hospital Road, Emerald 4720			◯	◯						◯	◯	◯
Gladstone 13 Dawson Road, Gladstone 4680			◯	◯	◯			◯		◯	◯	◯
Gladstone Hospital Park Street, Gladstone 4680			◯		◯						◯	◯
Hillcrest Rockhampton Hospital 4 Talford Street, The Range 4700			◯	◯	◯						◯	◯
Rockhampton Ground Floor, QTV House Aquatic Place North Rockhampton 4701	◯	◯	◯		◯		◯	◯		◯	◯	◯
Rockhampton Hospital Canning Street, Rockhampton 4700			◯		◯	◯		◯	◯	◯	◯	◯

CENTRAL QUEENSLAND RADIOLOGY