



# Hospital Radiology Referral

PATIENT DETAILS

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Medicare No.: \_\_\_\_\_

Do not send reports to My Health Record

(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  Nil or  >60 years  
Details:  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): \_\_\_\_\_ Provider No.: \_\_\_\_\_ Signature: \_\_\_\_\_  
Consultant (print): \_\_\_\_\_ Pager / Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### Forms will not be processed if incomplete or illegible

1300 822 741  
cqradiology.com.au  
CQR 461688 Hospital Referral Form A4 01/26



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

Yes  No Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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.

**Please send through your referral prior to making an appointment**

OR

# 1300 822 741

[bookings@cqradiology.com.au](mailto:bookings@cqradiology.com.au)

[cqradiology.com.au/booking](http://cqradiology.com.au/booking)

## ② Your appointment

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

Preparation: \_\_\_\_\_

Appointment time: \_\_\_\_\_

*Please arrive 15 minutes prior to your appointment time*

*For preparation instructions please refer to [cqradiology.com.au](http://cqradiology.com.au)*

## ③ What's important?

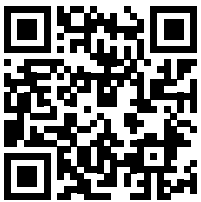
### General X-Ray | OPG

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
<b>Biloela Hospital</b> 2 Hospital Road, Biloela 4715											○	○
<b>Capricorn Coast Hospital</b> 8 Hoskyn Drive, Yeppoon 4703			○								○	○
<b>Emerald Hospital</b> 69 Hospital Road, Emerald 4720			○	○						○	○	○
<b>Gladstone</b> 13 Dawson Road, Gladstone 4680			○	○	○			○		○	○	○
<b>Gladstone Hospital</b> Park Street, Gladstone 4680			○		○						○	○
<b>Hillcrest Rockhampton Hospital</b> 4 Talford Street, The Range 4700			○	○	○						○	○
<b>Rockhampton</b> Ground Floor, QTV House Aquatic Place North Rockhampton 4701	○	○	○		○		○	○		○	○	○
<b>Rockhampton Hospital</b> Canning Street, Rockhampton 4700			○		○	○		○	○	○	○	○