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| **RADIOLOGY REQUEST FORM****REFERRERS: PLEASE COMPLETE ALL BOXES BELOW & UPLOAD ONTO ERS** **PLEASE DO NOT CHANGE ANY OF THE HEADINGS****RAPID DIAGNOSTIC SERVICE (RDS) PATHWAY** | **Enquiry Line: 01482 675140 / 624044** [**https://nww.ebs.ncrs.nhs.uk/**](https://nww.ebs.ncrs.nhs.uk/) |
| *Date Received:* | *Breach Date:* | *Appoint Date, Time Room & Site:* |
| **Referring Practice:** | **Patient NHS / Hospital Number:** |
| **Patient Surname:** | **First Name:** | **D.O.B:** |
| **Patient Address:** |
| **Preferred Contact Number (patient):** | **Second Contact Number:** |
| **Does the patient have a personal history of cancer? Yes****[ ]  No****[ ]  Details:****Has the patient ever smoked? Yes****[ ]  No****[ ]  Current smoker?** **[ ]**  |
| Current Clinical details: (please select)[ ]  1. New unexplained & unintentional weight loss[ ]  2. New unexplained constitutional symptoms of four weeks or more (Loss of appetite, fatigue, nausea, bloating, malaise)[ ]  3a. New unexplained vague abdominal pain of four weeks or more[ ]  3b. Less than four weeks if very significant concern[ ]  4. New unexplained, unexpected or progressive pain (including bone pain) or four weeks or more[ ]  5. GP “gut feeling” of cancer diagnosis (reason to be clearly described at point of referral) FIT test [<10 ] [10-150] [>150] [Not done] [Awaiting result] Delete as appropriate |
| **Any addition clinical details:**  |
| **Any relevant issues we need to know: i.e. diabetic, mobility issues, transport issues, excessive BMI, communication barriers (i.e. sign language or interpreter services required?) Give details:** |
| **Name of Referrer & Designation:** | **Direct telephone number of referrer:** | **Practice B code***:* |
| *Vetted Code:* | *Priority* | *Initials* |