| 704501 (2013-12) DIAGNOSTIC IMAGING Hamilton REQUEST FOR CONSULTATION | | | Appt. Date & Time: | | | | | |
|---|-----------------------|--|---|-----------------|-------------|--------------|-----------------|--|
| Health Sciences General Juravinski | | | Patient Last Name | (0 | dd/mm/yyyy) |) First ľ | (hh:mm) Name | |
| Date Order Requested: (dd/mm/yyyy) | | | APT # Street A | Address | | | | |
| Referral Location (Ward/Clinic) | | | City | | P.C | | | |
| Mode of Transportation: Portable Wheelchair O ₂ Stretcher Crib Bed PUMP | |] 0 ₂ | HIN | | Ver | sion Code | | |
| ISOLATION Other Diabetic: Asthmatic: Heart Disease: Yes No Yes No | | Patient's DOB (dd/mm/yyyy) WSIB # / Other Ins. | C | Sex | K M | F | | |
| Medications: 🗋 Metformin/Glucophage 📋 Avandamet 📋 Coumadin | | | Meditech Unit # | | | | | |
| Others: | | | | | | | | |
| Renal Function: Serum Creatinine Level Date: | | | Meditech Acct # | | | if vas av | om & date | |
| Allergies: Not Known VES - Details | | | Prev. pertinent Images - No Yes - if yes, exam & date done | | | | | |
| or Meditech Allergy form SF Pt. Pregnant: No Yes - LMP (dd/mm/yyyy) | | | | | | ON BY TEC | | |
| CLINICAL HISTORY | | | IESTED | Number Views | | | | |
| | <u> </u> | | | VIEWS | Time | Factors | Initials | |
| | | | | | | | | |
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| | | | | | | | | |
| | | Doing | - Dracadura | | | | | |
| | | - | n Doing Procedure: ion Date: (dd/mm/yyyy)Time: (hh:mm) | | | | | |
| | | | e: (dd/mm/yyyy) | | | (hh:mm) | | |
| Physician's Signature Telephone / Ext / F | ² ager Num | nber | Call Report 🔲 No 🖳 Yes | | | | | |
| | Copies | то: | | | | | | |
| Print Physician's Name | Copies | . То: | | | | | | |
| Charting Notes: (COMPLETION BY Health Care profess | sional) | Patient i | identified: Birthdate | Armb | and | Address _ | | |
| | | | - | No _ | | | | |
| | | | t obtained: N/A | | W | /ritten | | |
| | | | otection: Yes | | Brea | st Gor | nadal | |
| | | · · | Held by: Family | • | | | | |
| | | | Pregnant: Yes | | | | | |
| | | Lead Wo | orn: Full Apron 1 | Fhyroid | | | | |
| | | Jeweller | r y / Valuables - Items re | emoved: | | | | |
| Given to | | | family Given to patient | | | | | |
| | | Patient r | emoved and retained | Put i | nto envelo | pe/container | | |
| | | Replaced | d on patient Yes | No | _ | | | |
| Printed Name Sign | | | re: Patient/Designate | | | | | |
| | | | Witness | | | | | |
| Signature and Designation Exchange of Informatio | on was per | rformed as | per Department Policy | | | | | |

Main Hospital Telephone Number: 905-521-2100

General Site

| Booking Lines: Juravinski Site | Interventional Mammography CT Ultrasound Images/Reports | 46514 41484 46900 41484 46906 | Fax Lines: | 905-577-8266 905-527-9053 905-527-9053 905-527-9053 | | | | | | |
|-----------------------------------|--|---|------------|--|--|--|--|--|--|--|
| Booking Lines: | Interventional Mammography/OBSP CT Ultrasound Images/Reports | 42247 42497 41484 41484 42257 | Fax Lines: | 905-521-5003 905-577-1442 905-387-8813 905-577-1442 | | | | | | |
| McMaster Site | | | | | | | | | | |
| Booking Lines: | Interventional Gastric (GI's) CT Ultrasound | 75251 75277 41484 41484 | Fax Lines: | 905-521-5003 905-521-5086 905-521-5086 905-522-8306 | | | | | | |

75319

Images/Reports