

REQUEST FOR CT CONSULTATION

REQUEST TO:

HGH JHCC MUMC/MCH WLMH
(Site legend and contact information on back of form)

DATE (yyyy/mm/dd) _____ **Patient's Weight** _____ kg

Current Patient Location:

Inpatient Outpatient Emergency

Patient's Last Name	First Name
Address – Street	City Postal Code
Telephone: ()	Ext.
Cell Phone: ()	
Date of Birth (yyyy/mm/dd)	Age Gender <input type="checkbox"/> M <input type="checkbox"/> F
HIN	Family Physician

REFERRING PHYSICIAN: (printed name) _____ Phone _____ ext. _____
 (signature) _____ Pager _____

Exam Requested: _____ **Contrast:** C+ C- Unknown
Start IV as required for test

Clinical Information / Relevant History _____

Clinical Questions: Please answer the following.

Does the patient have known Renal Disease? No Yes If **YES** to any of these 3, please provide an eGFR within 90 days for outpatient and 7 days for inpatient
 Does the patient have known Diabetes? No Yes eGFR: _____ mL/min/1.73²
 Is the patient on Metformin? No Yes Date (yyyy/mm/dd) _____

Is there a known Contrast Allergy? No Yes → If **YES**, provide patient with pre-medication as below:

Is this a Pediatric Patient? No Yes
 If **YES**, are there any special considerations:
 Sedation
 GA (consult with Anesthesia is required)
 Other _____

For Routine Outpatients:
 • predni**SONE** 50 mg PO 13 hours and 7 hours pre scan and 1 hour before contrast administration **and**
 • diphenhydr**AMINE** 50 mg PO 1 hour before contrast administration

For Routine Inpatients: • See Order Set

For ED Patients:
 • hydrocortisone 200 mg IV 1 hour pre scan **or**
 • methyl**PREDNIS**olone 40 mg IV 1 hour pre scan **and**
 • diphenhydr**AMINE** 50 mg IV 1 hour pre scan

Study (e.g. CT/MRI/X-ray)	Date (yyyy/mm/dd)	Location

FOR CT USE ONLY	2 Patient Identifiers: <input type="checkbox"/> DOB <input type="checkbox"/> Armband <input type="checkbox"/> Address	Patient Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes
	Consent Obtained: <input type="checkbox"/> N/A <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Emergency <input type="checkbox"/> POW	Valuables Removed AND Returned <input type="checkbox"/>
	Apron/shielding provided _____	Protocolled by: _____
	MRT Notes _____	
	Medical Radiation Technologist (MRT) _____	
	(printed name)	(signature)
		Date (yyyy/mm/dd)

REQUEST FOR CT CONSULTATION

Site Legend and Contact Information

HGH = Hamilton General Hospital

237 Barton St. E.
Hamilton, Ontario L8L 2X2

Outpatient → Phone: 905-521-2100 Ext 46900 Fax: 905-527-9053

Inpatient → Intake Nurse Pager # 7223 Fax: 905-577-8020
(Monday - Friday 0800-1600)

After Hours (Monday to Friday 1800-0800, weekends and statutory holidays)
Page Radiologist on call through central paging

JHCC = Juravinski Hospital & Cancer Centre

711 Concession St.
Hamilton, ON L8V 1C3

Outpatient → Phone: 905-521-2100 Ext 41484 Fax: 905-387-8813

Inpatient → Intake Nurse Pager # 1218 Fax: 905-381-7036
(Monday - Friday 0900-1700)

After Hours (Monday to Friday 1800-0800, weekends and statutory holidays)
Page Radiologist on call through central paging

MUMC/MCH = McMaster University Medical Centre & Children's Hospital

1200 Main St. W.
Hamilton, ON L8N 3Z5

Outpatient → Phone: 905-521-2100 Ext 41484 Fax: 905-521-5086

Inpatient → Phone: 905-521-2100 Ext 73728 Fax: 905-521-2647

After Hours page on-call pediatric radiologist Pager # 76443

WLMH = West Lincoln Memorial Hospital

169 Main St. E.
Grimsby, ON L3M 1P3

Outpatient → Phone: 905-945-2253 Ext 11337 or 905-521-2100 Ext 41484 Fax: 905-945-5148

Inpatient → Phone: 905-945-2253 Ext 11333 Fax: 905-945-5148

After Hours (Monday to Friday 1700-0800, weekends and statutory holidays)
Page Radiologist on call through central paging

* All referrals are routed through a central booking office and reviewed by a radiologist to ensure the requested site is the most appropriate for both the patient and the requested investigation intent of the CT and following review, the appointment will be booked at the most appropriate site which may differ from the original requested site.