

## New chest x-ray request form

### GP Chest X-Ray Request

Surrey and Sussex  
Healthcare NHS Trust



Referral priority: Routine  URGENT

PATIENT DETAILS	GP DETAILS
Full name:	Referrers Name:
Address:	Practice Address:
Home Tel:	Telephone:
Mobile Tel:	Fax:
Patient email:	Practice email (nhs.net ONLY):
D.O.B:	Optional GP email (nhs.net ONLY):
NHS Number:	
Gender:	
UBRN Number:	

CRITERIA FOR REFERRAL (Please tick)	RISK FACTORS (Please tick)
<input type="checkbox"/> Cough (lasting more than 3 weeks)	Current smoker <input type="checkbox"/>
<input type="checkbox"/> Persistent or recurrent chest infections	Chronic obstructive pulmonary disease <input type="checkbox"/>
<input type="checkbox"/> Loss of weight / loss of appetite / fatigue	Ex-smoker <input type="checkbox"/>
<input type="checkbox"/> Haemoptysis (esp. if age >40 in a smoker) <i>Unexplained Haemoptysis In patients over the age of 40 years should be referred on 2wv and ensure CXR requested at same time</i>	Exposure to asbestos <input type="checkbox"/>
<input type="checkbox"/> Underlying chronic respiratory problems with unexpected changes in existing symptoms	Previous history of any cancer (especially head and neck) <input type="checkbox"/>
<input type="checkbox"/> Chest pain (non-cardiac) / shoulder pain (with no obvious cause)	
<input type="checkbox"/> Hoarseness	
<input type="checkbox"/> Rapidly worsening dyspnoea / spirometry	
<input type="checkbox"/> Finger clubbing	
<input type="checkbox"/> Supraclavicular or persistent cervical lymphadenopathy	
<input type="checkbox"/> Thrombocytosis	
<input type="checkbox"/> Superior vena caval obstruction*	
<input type="checkbox"/> Stridor*	

RECENT BLOOD TESTS
Latest Creatinine Vision – Code 44J3.00 SystemOne - Read code XE2q5 EMIS – Serum Creatinine Date
Latest eGFR Vision – Code 451E.00 SystemOne - Read code XaK8y EMIS – GFR calculated abbreviated MDRD Date
Date of LMP:

\* consider immediate transfer to A&E

ANTIBIOTIC HISTORY
<input type="checkbox"/> The patient has recently completed a full course of antibiotics for a presumed chest infection (Please tick)

ADDITIONAL INFORMATION
Referrer's Signature: _____ Referral Date: _____

## Patient information sheet

### IMPORTANT PATIENT INFORMATION

Your GP has requested that you have a chest x-ray. We would encourage you to have your chest x-ray as soon as possible as some conditions may get worse if not treated promptly. Your x-ray report will be available to your GP within one week.

In some cases after a chest x-ray, a hospital specialist may decide that further investigations are required. In that case, a member of staff from East Surrey Hospital will contact you directly to arrange a CT (Computerised Tomography) scan.

You and your GP will receive the CT result two weeks after the scan. Some patients may be contacted directly by East Surrey Hospital to arrange a hospital appointment to discuss your CT scan results.

### GOING FOR YOUR X-RAY

You can have your chest x-ray at Crawley, East Surrey and Horsham Hospitals which operate a walk-in system, therefore no appointment is required or Caterham Dene Hospital by appointment only. Please take your x-ray form with you to the Radiology Department.

Crawley Hospital West Green Drive Crawley RH11 7DH Telephone: 01293 600300 Opening times: Monday-Friday 9am – 5pm	East Surrey Hospital Canada Avenue Redhill RH1 5RH Telephone: 01737 768511 Opening times: Monday-Friday 9am – 5pm
Caterham Dene Hospital Church Road Caterham CR3 5RA Telephone: 01883 837511 To book Mon-Fri 9am – 4:15pm or limited times Sat-Sun	Horsham Hospital Hurst Road Horsham RH12 2DR Telephone: 01403 227000 Opening times: Monday-Friday 9am – 5pm

If you require assistance with travelling to the hospital please call the Patient Transport Bureau on 0300 7772131

THE HOSPITALS' RADIOLOGY DEPARTMENTS ARE  
NOT OPEN ON BANK HOLIDAYS