MRI Consultation/Demande de consultation IRM

Timmins and District Hospital / Hôpital de Timmins et du district

John P. Larche Medical Imaging & Cardiopulmonary Department

Service d'imagerie médicale et de soins cardio-pulmonaires John P. Larche

Phone: 705-360-6677 | **Fax:** 705-267-6346 | **E-mail:** imaging@tadh.com

HOSPITAL USE ONLY

Allergies:

PRECAUTIONS

DROPLET ☐

AIRBORNE ☐

CONTACT ☐

Patient Name: _____

Date of Birth: _____ (dd / mm / yyyy) Weight (lbs): _____ (for medication on some procedures)

Address: _____ Apt. #: _____

City: _____ Postal Code: _____

Phone (Home): _____ Work: _____

Health Card #: _____

SIN #: (for WCB Claims) Claim #:

Area to be scanned/Zone à examiner _____

Clinical Indication/Question diagnostique _____

Previous Surgery/Chirurgie antérieure _____ When/Quand _____

Referring M.D./Médecin traitant _____

X _____ _____

Signature of Referring M.D. / Signature du Médecin traitant: Date

Address/Addresse: _____

Tel: _____ Fax: _____

Has the patient ever had/Le patient a déja eu:	Yes/Oui	No/Non
Pacemaker/stimulateur cardiaque	☐	☐
Aneurysm clips/clips pour anévrisme	☐	☐
Cochlear (middle ear) implant/implant cochléaire	☐	☐
Prosthetic heart valve/valvule prothétique	☐	☐
Neurostimulator device/neuroprothèse	☐	☐
Other implants/autre implants	☐	☐
If yes/Si oui		
Company/Companie: _____		
Model No./No. de modèle _____		
Metal fragments in eyes or other Métal dans les yeux ou autres	☐	☐
Implanted insulin or chemotherapy pump Pomp implanté (insuline/chimiothérapie)	☐	☐
Claustrophobia/claustrophobie	☐	☐
Chance of pregnancy/chance de grossesse	☐	☐

Creatinine/eGFR: **Order if patient has one or more risks** No Risk ☐

☐ Greater than 60 years of age	☐ Renal Surgery
☐ Dialysis	☐ Diabetes Mellitus
☐ Renal Transplant	☐ High blood pressure requiring medical therapy
☐ Single Kidney	** Do not discontinue Metformin
☐ Renal Cancer	

FOR RADIOLOGIST USE ONLY/RESERVÉ AU RADIOLOGUE

CLINICAL INDICATION FOR SCAN		
	BC ☐ MRI Breast Screening	
	OT ☐ Other	
	SD ☐ Cancer Staging/Diagnosis	

DIAGNOSTIC IMAGING - MRI and CT Priority Assessment Tool

Priority Level	Descriptions	Access Target
1 ☐	Emergent	Immediate
2 ☐	Inpatient Urgent	Within 48 hours
3 ☐	Semi-Urgent	Within 10 days
4 ☐	Non-Urgent	Within 4 weeks

Contrast Yes/Oui ☐ No/Non ☐

For TDH Schedulers Only

Réservé aux commis au rendez-vous de HTD

Date Requisition Received/ _____
Date de réception de la l'examen

Scheduled Exam Date/ _____
Date de l'examen

Exam Time _____
Heure de l'examen