

CT Consultation/Demande de consultation CT
 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: 705-267-6312 Fax: 705-267-6346 E-mail: imaging@tadh.com

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

Address: _____ Apt. #: _____
 City: _____ Postal Code: _____
 Phone (Home): _____ Work: _____
 Health Card #: _____
 SIN #: (for WCB Claims) _____ Claim #: _____



HOSPITAL USE ONLY

Allergies: _____

PRECAUTIONS

DROPLET

AIRBORNE

CONTACT

Clinical Indication for Exam: Enter all clinical information:

Referring Doctor: _____
 Signature: _____ Date: _____
 Address: _____
 Tel: _____ Fax: _____

FOR RADIOLOGIST USE ONLY/RESERVÉ AU RADIOLOGUE

CLINICAL INDICATION FOR SCAN	
BC <input type="checkbox"/>	MRI Breast Screening
OT <input type="checkbox"/>	Other
SD <input type="checkbox"/>	Cancer Staging/Diagnosis

DIAGNOSTIC IMAGING - MRI and CT Priority Assessment Tool

Priority Level	Descriptions	Access Target
1 <input type="checkbox"/>	Emergent	Immediate
2 <input type="checkbox"/>	Inpatient	Within 48 hours
	Urgent	
3 <input type="checkbox"/>	Semi-Urgent	Within 10 days
4 <input type="checkbox"/>	Non-Urgent	Within 4 weeks

Brain
 Facial and Sinus
 Neck
 Chest
 Abdominal Pelvis
 Pelvis
 Colon

Angiogram:

Head
 Carotid
 Chest
 Abdomen
 Pelvis
 Extremity

Spine: Cervical
 Thoracic
 Lumbar
 Upper Extremity
 Lower Extremity

Special Procedure / Biopsy (Indicate)

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

Creatinine/eGFR: Order if patient has one or more risks

<input type="checkbox"/> Greater than 60 years of age	<input type="checkbox"/> Renal Surgery
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Diabetes Mellitus
<input type="checkbox"/> Renal Transplant	<input type="checkbox"/> High blood pressure requiring medical therapy
<input type="checkbox"/> Single Kidney	** Do not discontinue Metformin
<input type="checkbox"/> Renal Cancer	

Department Use Only	Tech Initials	Patient's Risk of Pregnancy	LMP	Patient's Initials	Examination Date			<input type="checkbox"/> In Patient <input type="checkbox"/> Out Patient <input type="checkbox"/> Portable
					Day	Month	Year	
		<input type="checkbox"/> Yes <input type="checkbox"/> No						