St. Vincent's Private Hospital

PART OF ST. VINCENT'S HEALTHCARE GROUP

Urgent ☐ Routine ☐

GP REQUEST FORM

Please print or use label and tick relevant boxes

Blood tests must be ordered by letter or specific laboratory request forms - Phone 01-263 8398

GP Details

GP Name:_____ IMCN:_____

GP Address:_____

Tel. No.:_____ Fax:_____ Email:_____

Patient Details

First Name:_____ Surname:_____ Title:_____ Sex:___ DOB:_____

Address:_____

Mobile:_____ Home Phone:_____ Marital Status:_____ Religion:_____

NOK:_____ Relationship:_____ Ph:_____

Insurer:_____ Policy No:_____ Plan:_____

Clinical Presentation:_____

_____

Working Diagnosis/Questions to be answered by Workup:_____

_____

_____

Prior Medical/Surgical History:_____ Pre-Existing condition: Yes ☐ No ☐

_____

ICHAZ ☐ Diabetes ☐ Renal Impairment ☐ Allergies ☐ Mobility assistance required ☐

Cardiology

- ☐ ECG
- ☐ 24 Hr BP Monitor
- ☐ Echocardiogram
- ☐ Holter Monitor
- ☐ Other

Respiratory

- ☐ PFTs +/- reversibility
  Can patient receive salbutamol?
  Yes ☐ No ☐
  (Tick 'No' if contraindication to salbutamol)
- ☐ Skin Tests
- ☐ Bronchial Provocation
- ☐ MIPs & MEPs
- ☐ Diagnostic Sleep Study
- ☐ CPAP Titration

Other Tests

Radiology	**Anatomical Site**
☐ CT	
☐ MR	
☐ US	
☐ IR	
☐ Mammo	
☐ X-Ray	

Radiology Dept Only
Imaging Protocol
Contrast Protocol
Radiologist

Doctors Signature:_____ **Contact:**_____ **Date:**_____

Form No. 1164