

LOCATION		PRIORITY		APPOINTEMENT DETAILS <small>(JBH Office Use Only)</small>
Inpatient	WSIB/3rd Party	Routine	Stat	Appointment Date:
Emergency	Outpatient	Urgent	Portable	Time:

PATIENT DETAILS	REFERRING PHYSICIAN DETAILS
Patient Name: _____	Physician (Print): _____
Address: _____	Address: _____
DOB: _____ Phone: _____	Phone: _____ Fax: _____
Health Card: _____ Version Code: _____	Copies To: _____

PROCEDURE REQUESTED

RELEVANT CLINICAL INFORMATION

RELEVANT PREVIOUS IMAGING (Required)

(All relevant outside imaging reports must be faxed to JBH to expedite booking)

Y N Has the patient had any relevant previous imaging outside of JBH?

Dates/Locations: _____

RELEVANT PATIENT HISTORY (Required for all procedures excluding Gastric Fluoroscopy)

Y N Hx of diabetes?

Y N Meds containing Metformin? Specify: _____

Y N Hx of other renal issues? Specify: _____

Y N Allergy to x-ray dye? Specify: _____

Y N Any other known allergies? Specify: _____

Y N Taking any anticoagulants? Specify: _____

Y N Is a translator required? Specify: _____

Y N Recent blood work taken? *Please attach recent results for INR, PTT, Platelets and Creatinine*

Y N Can patient consent? *If not, a family member (SDM) should be available at time of exam*

Physician Signature: _____ **Date:** _____