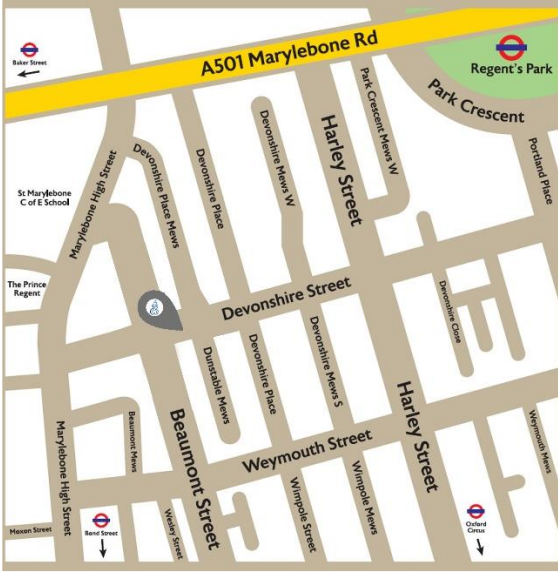




Gynaecology Ultrasound Scanning - Patient Referral Form

Patient Details (sticker or full name, DOB, address, contact details)	Referring Doctor (full name, address, contact details)
Indication for scan: <ul style="list-style-type: none"><input type="checkbox"/> Pelvic pain<input type="checkbox"/> Heavy / irregular periods<input type="checkbox"/> Oligo/amenorrhoea<input type="checkbox"/> Postmenopausal bleeding<input type="checkbox"/> Irregular bleeding on HRT<input type="checkbox"/> Fibroids<input type="checkbox"/> Suspected congenital uterine anomaly<input type="checkbox"/> Ovarian cyst<input type="checkbox"/> Screening for ovarian cancer<input type="checkbox"/> Urogynaecological problems<input type="checkbox"/> Diagnosis of early pregnancy<input type="checkbox"/> Threatened miscarriage<input type="checkbox"/> Incomplete miscarriage<input type="checkbox"/> Suspected ectopic pregnancy<input type="checkbox"/> Cervical length<input type="checkbox"/> Other – state:	Location of service: King Edward VII's Hospital Emmanuel Kaye House 37 Devonshire Street Marylebone London W1G 6QA  Nearest tube: Baker Street (Hammersmith & City, Metropolitan, Circle, Bakerloo and Jubilee) or Bond Street (Jubilee & Central) If you are coming by car there is some parking on the streets near the hospital which have meter charging
Additional Clinical Information:	
Consultant signature:	Date: