

## CONSULTATION FOR INTERVENTIONAL RADIOLOGY

**INPATIENT**  Service: \_\_\_\_\_

Floor \_\_\_\_\_ Room # \_\_\_\_\_ ER \_\_\_\_\_

Portable  Stretcher  Wheelchair  Walk  O<sub>2</sub>

Isolation:  No  Yes/type \_\_\_\_\_

Urgency score (circle) (See Below)  
1 - EMERGENCY  
2 - 24 to 48 hours  
3 - Within 5 Days  
4 - Next available OP Booking

\*\*\*\* If urgency score is 1 or 2 direct consultation with IR is required. Call KGH 4347. If after hours and emergent, an attending staff will need to page the IR on call \*\*\*\*

Procedure requested: \_\_\_\_\_

Indication for procedure: \_\_\_\_\_

Is the patient anticoagulated?  No  Yes  
If Yes, is the patient taking:  
ASA, Plavix, Coumadin, Heparin, LMW Heparin (circle)

Diabetes  No  Yes - If yes, Insulin Dependent  No  Yes

Contrast Reaction:  No  Yes, If yes explain \_\_\_\_\_

Is patient able to give informed consent?  No  Yes

If No, please provide Power of Attorney (POA) contact information. POA must be available in person or by phone at the time of the procedure for the procedure to occur.

**OUTPATIENT**

CR#: \_\_\_\_\_  Female  Male

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Health Card # \_\_\_\_\_

Ordering Physician Signature: \_\_\_\_\_

Printed Name & First Initial: \_\_\_\_\_

**\*\* MUST BE CONTINUING CARE PHYSICIAN \*\***

Ordering Physician phone/pager #: \_\_\_\_\_

Attending Physician \_\_\_\_\_

Copy Report to: \_\_\_\_\_

(please print name and first initial)

Date requisition complete \_\_\_\_\_

YYYY/MM/DD

**NOTE: SIDE 'A' OF CONSENT IS THE RESPONSIBILITY OF THE ATTENDING SERVICE  
and must accompany this consultation form.**

**Additional Information Requested by Interventional Radiologist :**

PT \_\_\_\_\_ PTT \_\_\_\_\_ INR \_\_\_\_\_ Platelets \_\_\_\_\_ Hb \_\_\_\_\_

Creatinine: \_\_\_\_\_ (µmol/L) eGFR\*: \_\_\_\_\_ (mL/minute)

IR Coding: \_\_\_\_\_

Signature of Interventional Radiologist: \_\_\_\_\_

**PLEASE WRITE OR PRINT LEGIBLY**

**INCOMPLETE or ILLEGIBLE requisitions will be returned and may DELAY Booking of the Procedure**