**Mary A Rutherford, MD FRCR MRCPCH**

Perinatal Imaging

Centre for Developing Brain

Division of Imaging Sciences

**PROFORMA FOR IMAGE REFERRAL**

1st Floor South Wing

St Thomas’s Hospital

SE1 7EH

Tel: 0207 188 9156

**Please email this completed referral to:**

**dulcie.rodrigues@nhs.net, mary.rutherford1@nhs.net and stefanie.chan@nhs.net**

**If this is a very URGENT request requiring same day feedback please send text/What’s App to Mary Rutherford on 07717652661**

**Please ask your PACS team to send the images via bluelight to the PACS team at GUYS and ST THOMAS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Hospital (imaging centre)**  |  |
| **Consultant/s:** |  | **Hospital (delivery/ referral back to)**  |  |
|  |
| **Baby Details** |
| **Name:** |  | **GA at Birth:** |  |
| **DOB:** |  | **PMA at MRI:** |  |
| **NHS No:** |  | **Birth Weight:** |  |
| **Address:** |  | **Birth OFC:** |  |
| **Current Weight:** |  |
| **Current OFC:** |  |
| **Date of Scan:** |  |
|  |
| **Antenatal Details** |
| **Gravida/Para:** |  | **TOP/Miscarriage** |  |
| **Serology** |  | **Scans** |  |
| **PROM:** |  | **Fever:** |  |
| **Haemorrhage:** |  | **Decreased fetal movements:** |  |
| **Family History:** |  |
| **Any other concerns:** |  |
|  |
| **Labour Details** |
| **Onset:** |  |
| **Sepsis Risk Factors:** |  |
| **Antenatal Steroids:** |  |
| **Delivery** | **Delivery Details** |
| **Mode:** |  |  |
| **Indication:** |  |
| **Resuscitation:** |  |
| **Cord Blood Gases:** | **Venous:****Arterial:**  |
| **Apgar (1, 5, 10mins)** |  |
| **Placenta Examined:** |  |
|  |
| **Neonatal Course/Complications To Date** |
| **Respiratory:** |  |
| **Cardiac:** |  |
| **Haematological:** |  |
| **Blood Glucose:** |  |
| **Metabolic:** |  |
| **Infection:**  |  |
| **Gastrointestinal:** |  |
| **Current medication:** |  |
| **Current feeding:** |  |
| **Discharge Date:** |  | **Discharged to:** | **Home Hospital** |
|  |
| **Neurological Details** |
| **Encephalopathy:** |  |
| **Clinical seizures:** |  |
| **CFM/EEG:** |  |
| **Cranial US Findings:**  |  |
| **Current neurological examination:** |  |
| **Genetics:** |  |
|  |
| **Summary/Any Further Information** |
|  |

**Please list all emails of individuals who would like a formal report including, where possible, the original hospital where baby was delivered or referred back to.**