

# MRI MSK self referral form

Please return this form to the Imaging department at Goring Hall Hospital or email it to: [Goring.MRIMSK@Circlehealthpartners.co.uk](mailto:Goring.MRIMSK@Circlehealthpartners.co.uk) (Please note that this email address is only for requesting or sending MRI request forms, results etc will not be discussed via email)

## Patient information

Name \_\_\_\_\_ Email \_\_\_\_\_  
Date of birth \_\_\_\_\_ Sex at birth: F M Address \_\_\_\_\_  
NHS number \_\_\_\_\_  
Phone number \_\_\_\_\_

## GP information

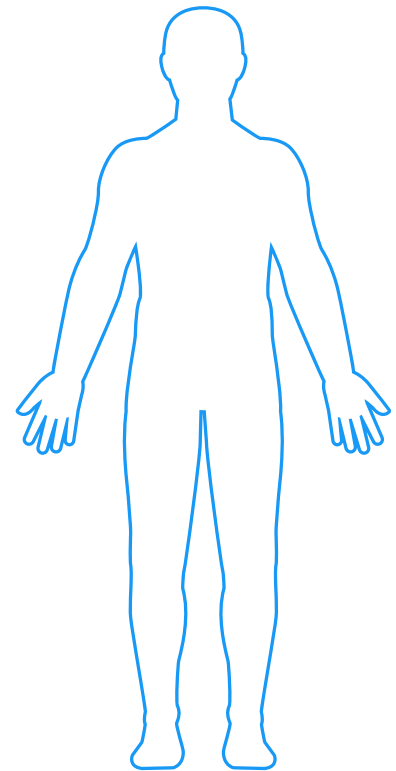
Name \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_

It is a requirement that we communicate results to your NHS GP in order that they can make recommendations about your future care. By submitting this form you acknowledge and accept that: A copy of your report will be sent to your GP. Neither the radiographer who has conducted the scan or the radiologist reporting it is able to discuss the findings of the scan with you. It is important that you discuss your results with a medical professional and do not use AI to analyse the report as that is not a reliable source of information.

## Examination requested

Please select the area you wish to be scanned, you may select multiple areas if required, up to a maximum of three. Package details and prices overleaf, please note that any option that indicates multiple joints e.g. Hips (both) will be counted as two parts.

Ankle (Left)	Foot (Left)	Hip (Left)	Shoulder (Left)
Ankle (Right)	Foot (Right)	Hip (Right)	Shoulder (Right)
Ankles (Both)	Feet (Both)	Hips (Both)	Shoulders (Both)
Elbow (Left)	Hand (Left)	Knee (Left)	Wrist (Left)
Elbow (Right)	Hand (Right)	Knee (Right)	Wrist (Right)
Elbows (Both)	Hands (Both)	Knees (Both)	Wrists (Both)



## History

Have you had MRI before? If so, when and where?

What were you doing when the pain began?

Do you have any other medical conditions e.g. OA, RA?

Are you taking any medications?

Please briefly describe your symptoms:

## Area of interest

Please mark an X on this body map to show where you are experiencing pain specifically, and also describe the location in words:

# Package options

## One body part package

### Included in this package is:

- One body part MRI scan (roughly 30mins) at Goring Hall Hospital with our team of highly skilled Diagnostic Radiographers
- A detailed report of the imaging completed by a consultant radiologist within 24hrs of scan completion
- The completed report will be sent to your NHS GP for their records
- An appropriate appointment with a member of our Physiotherapy team within 4-5 days of scan completion. This will involve a full physiotherapy assessment, discussion of the MRI results and working with you to create a bespoke treatment plan tailored to meet your needs. (Please note that if any crutches, braces or follow-up physiotherapy sessions are recommended, this is outside of the package price and can be discussed further with the physiotherapist during the appointment)

Package price: £500.00

## Two body part package

### Included in this package is:

- Two body part MRI scans (roughly 60mins) at Goring Hall Hospital with our team of highly skilled Diagnostic Radiographers. An example of a two body-part scan is both shoulders, or one Wrist and one knee
- A detailed report of the imaging completed by a consultant radiologist within 24hrs of scan completion
- The completed report will be sent to your NHS GP for their records
- An appropriate appointment with a member of our Physiotherapy team within 4-5 days of scan completion. This will involve a full physiotherapy assessment, discussion of the MRI results and working with you to create a bespoke treatment plan tailored to meet your needs. (Please note that if any crutches, braces or follow-up physiotherapy sessions are recommended, this is outside of the package price and can be discussed further with the physiotherapist during the appointment)

Package price: £850.00

## Three body part package

### Included in this package is:

- Three body part MRI scans (roughly 90mins) at Goring Hall Hospital with our team of highly skilled Diagnostic Radiographers. An example of a three body-part scan is both shoulders and one wrist or one Wrist, one elbow and one knee
- A detailed report of the imaging completed by a consultant radiologist within 24hrs of scan completion
- The completed report will be sent to your NHS GP for their records
- An appropriate appointment with a member of our Physiotherapy team within 4-5 days of scan completion. This will involve a full physiotherapy assessment, discussion of the MRI results and working with you to create a bespoke treatment plan tailored to meet your needs. (Please note that if any crutches, braces or follow-up physiotherapy sessions are recommended, this is outside of the package price and can be discussed further with the physiotherapist during the appointment)

Package price: £1000.00

# Referral pathway

## Patient acquires request form

This request form can be downloaded from the Circle Health Group website and can also be requested via email from [Goring.MRIMSK@Circlehealthpartners.co.uk](mailto:Goring.MRIMSK@Circlehealthpartners.co.uk) or a hard copy can be collected in person at our Imaging reception desk

If unable to complete form

If able to complete form

Patient telephones Imaging department on **01903 707272**. Patient dictates request form details via Radiographer

Patient emails completed request form to **Goring.MRIMSK@Circlehealthpartners.co.uk** or hands in hard copy to Imaging reception

Imaging reception gives forms to Consultant radiologist to be vetted

Admin will phone the patient to book the MRI scan appointment

MRI appointment completed, images sent to Consultant radiologist to report

Consultant radiologist completes report within 24 hours

Physio team will contact the patient and book the follow up appointment within 4-5 days of the MRI scan

Physio appointment will take place and any further care / advice will be arranged dependant on individual patient need

## Consent

By submitting this form you are consenting for the Imaging department to contact you in relation to this examination, booking, subsequent payment etc.

Signature

Date

Please return this form to the Imaging department at Goring Hall Hospital or email it to: [Goring.MRIMSK@Circlehealthpartners.co.uk](mailto:Goring.MRIMSK@Circlehealthpartners.co.uk) (Please note that this email address is only for requesting or sending MRI request forms, results etc will not be discussed via email)