

Planned Investigations Unit – 8 South CXH

Please complete all fields, omissions will delay your request

Patient Name, Address AND Date of Birth (or affix addressograph label)			
	Male	Female	
Hospital No.		Consultant	
Pt Tel No.	Home		Work

Transport Interpreter	Yes/No	Pre – admission Tests	Yes/No
Any Mobility Issues	Yes/No	If required, please attach relevant forms with this referral.	
Special Diet Required	Yes/No		
Pt currently taking anti-coagulant meds	Yes/No		
Diabetes	Yes/No		
Any other requirements	Yes/No		

Diagnosis	
Investigation/Procedure	
Sequenced ?	
Date of investigation	
Time of investigation	

Admit date	/	/	
Admit time	:		
Discharge date	/	/	
Discharge Time	:		
		Own Transport	
		Hospital Transport	
Date	/	/	
Referring Clinician(please print)	Bleep:	Sign:	

Please complete and return to Nurses station on 8 South, with any pre-admission test forms attached.

Requests within 24 hours of admission to be discussed with Senior Sister on 1939.

Completed drug charts need to be in the unit 48 hours before admission.

Dear Dr.....

Your patient was admitted for a: Clonidine Suppression Test

Admitted:

Discharged:

Date of test:

Name :
Hospital Number:
Date of Birth:
Address:

Telephone Number(s):

Diagnosis:

Drugs:

Results

24 hour Urine Catecholamines

1.

2.

3.

Time	Adrenaline	Noradrenaline
-5 min		
0 min		
+1h		
+2h		
+3h		

Interpretation

Next OPA

Signed: (Consultant/SpR)

Name:

Date:

**Endocrine Unit
Charing Cross Hospital
Fulham Palace Road
London W6 8RF
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