

**Planned Investigations Unit – 8 South CXH**

Please complete all fields, omissions will delay your request

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

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

<b>Diagnosis</b>	
<b>Investigation/Procedure</b>	
<b>Sequenced?</b>	
<b>Date of investigation</b>	
<b>Time of investigation</b>	

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

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.

NB: Patient should stop HRT 6 weeks before test

**020 8846 105/1067**

**Ext 1065/1067**

**020 8846 1862**

**020 8383 5000 (Appointments)**

**Department of Endocrinology & Diabetes**

Dear .....

We have arranged for an Hydrocortisone Day Curve to be performed on .....

Please come to the Planned Investigations Unit (8 South), of Charing Cross Hospital at 9 am.

You can have your breakfast as normal and, more importantly, **please take your Hydrocortisone tablet and any other medication you normally take at the usual time that morning.**

You will be at the hospital all day because blood tests will be performed throughout the day until just after you have taken your last Hydrocortisone tablet for that day. Please bring your Hydrocortisone tablets with you to take during the day.

If you have increased your Hydrocortisone dose because of illness then please let us know beforehand as this test will need to be rearranged.

If this date is not convenient please contact the Endocrinology Secretary on 020 8846 1065.

Many thanks.

Yours sincerely,

Dr  
SpR in Endocrinology

Dear Dr

**Your patient was admitted for a: Hydrocortisone Day Curve (HCDC)**

Admitted:

Discharged:

Date of test:

Name:  
Hospital Number:  
Date of Birth:  
Address:

Telephone Number(s):

**Diagnosis:**

**Medication:**

**Results**

	<b>Time</b>	<b>Cortisol</b>
<b>Arrival</b>		
<b>Post breakfast</b>		
<b>Pre 2<sup>nd</sup> dose</b>		
<b>1 h Post 2<sup>nd</sup> dose</b>		
<b>Pre 3<sup>rd</sup> dose</b>		
<b>1h Post 3<sup>rd</sup> dose</b>		

**Interpretation**

**Next OPA**

Signed (Consultant/SpR)

Name:

Date:

**Endocrine Unit  
Charing Cross Hospital  
Fulham Palace Road  
London W6 8RF  
Tel: 020 8846 1065/1067, Fax 020 8846 1862**