

**Adult Head Injury Imaging Request (>16 years)**

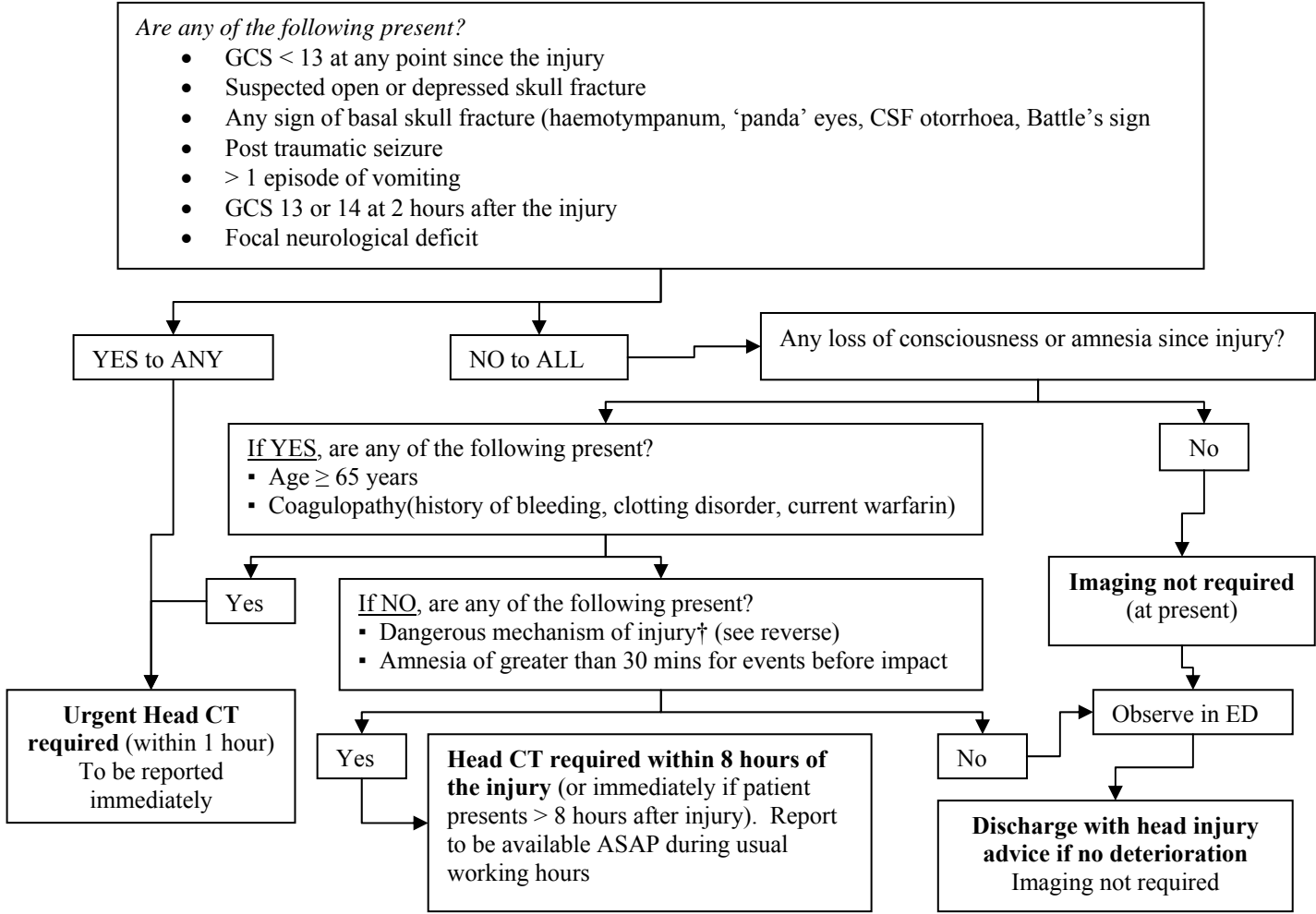
UR: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ M / F \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Billing Details**

Rebate       TAC  
 WC           Vets  
 Private  
 Other.....

ED cubicle no.....  
 Monitored Yes / No

**Selection of patients for Head CT following head injury** (\* reference on reverse)



Examination Requested \_\_\_\_\_  
 Clinical Details \_\_\_\_\_

Contrast Allergy Yes/No      Serum Creatinine .....

Pregnant Yes/No      Metformin Yes/No

- Requesting/Approving Consultant
- Registrar
- HMO/intern

Copy of report to:

Signature..... Name .....

Page ..... **Diagnostic Imaging**      Monash Medical Centre 9594-2200      Fax 9594-6687  
 Dandenong Hospital 9554-8175      Fax 9554-8654  
 Date .....      Casey Hospital 8768- 1265      Fax 8768-1966

- \* Triage, assessment, investigation and early management of head injury in infants, children and adults  
National Institute for Clinical Excellence.  
Head Injury Guideline, June 2003

† Dangerous mechanism of injury – a pedestrian struck by a motor vehicle, an occupant ejected from a motor vehicle or a fall from a height of greater than 1 metre or 5 stairs.