DIAGNOSTIC StL IMAGING

Telephone: 1-800-268-5804
Toll Free Fax: 1-855-374-3497
www.stlimaging.ca

HOME NAME (NO ABBREVIATIONS)	PHONE NUMBER

ADDRESS FOR SERVICE	UNIT NAME / ROOM #

PATIENT'S LAST NAME	PATIENT'S FIRST NAME	SEX
		F M

HEALTH NUMBER	VERSION CODE	DATE OF BIRTH DD MM YY

☐ **Receiving Ontario Health atHome (Formerly HCCSS)**

MOBILE X-RAY

☐ CHEST
☐ RIBS L R
☐ ABDOMEN VIEWS* 1 ☐ 3 ☐
☐ CERVICAL SPINE
☐ THORACIC SPINE
☐ LUMBAR SPINE*
☐ SACRUM / COCCYX*
☐ SI JOINTS*
☐ PELVIS & HIPS* L R
☐ FEMUR L R
☐ KNEE L R
☐ TIB-FIB L R
☐ ANKLE L R
☐ CALCANEUS L R
☐ FOOT L R
☐ _____ TOE L R

☐ SKULL L R
☐ FACIAL BONES L R
☐ NASAL BONES L R
☐ ORBITS L R
☐ MANDIBLE L R
☐ CLAVICLE L R
☐ SHOULDER L R
☐ AC JOINTS L R
☐ HUMERUS L R
☐ ELBOW L R
☐ FOREARM L R
☐ WRIST L R
☐ HAND L R
☐ _____ DIGITS L R

(Weight Restrictions 90 KG/200 LB)*

MOBILE ULTRASOUND

☐ ABDOMEN
☐ ABDOMEN LIMITED
_____
☐ ABDOMEN/PELVIS
☐ PELVIS
☐ SCROTUM
☐ GROIN (Hernia)
☐ THYROID
☐ NECK
☐ SALIVARY GLAND
Site _____

DOPPLER
☐ VENOUS ARMS L R
☐ VENOUS LEGS L R
☐ ARTERIAL LEGS L R
☐ ARTERIAL ARMS L R
☐ CAROTID L R

☐ LUMP / MASS
Site _____
☐ OTHER
_____
_____
_____

(Prep on Reverse)

CLINICAL INFORMATION
REASON FOR EXAMINATION - (RELEVANT MEDICAL HISTORY)

INFECTION CONTROL PRECAUTIONS ☐ YES ☐ NO

☐ **URGENT**

MEDICAL PRACTITIONER / RNEC	OHIP BILLING NO.	UNIT NAME & EXT.
Please print First Name Last Name		

PHYSICIAN'S / RNEC'S SIGNATURE	DATE DD MM YY
X	

PRE-HOME VISIT SERVICE QUESTIONNAIRE

To be completed and included in MOH Approved orders

Our company has been contacted to come to your home to perform diagnostic imaging. Before an appointment can be scheduled, we need to ask a few questions to determine if we have adequate safe accessibility to your home for our portable equipment and professional staff. This information will be reviewed by the x-ray or ultrasound technologist prior to arrival.

Retirement Homes: Require only the 3rd and 4th question to be answered and can be answered by any staff member of that home.

1. Are there steps leading up to your front door? If yes, how many and what is the height of each step? Do you have a ramp for wheelchair access? Answer: _____

   ***Our policy states that the portable imaging equipment cannot be brought up more than 2-3 standard steps in total due to size and weight variables.**

2. Do you have legal, accessible parking available on site if this is a private residence? If so, where? Answer: _____ Is there a parking code? _____

3. Will the patient be on the main floor (required) or is there an elevator to gain access to upper floors? Answer: _____

4. What is the approximate weight and height of the patient?

   Weight*: _____ Height: _____

   ***Certain X-rays are restricted to 90 kgs/200lbs such as Abdomen, Lumbar, Pelvis and Sacrum/Coccyx**

5. Type of bed for supine exams (Abdomen, Pelvis, Hips, Spine):

   - Is this patient in a hospital bed? _____
   - If no, what type of bed are they in and is the underside open for accessibility of the imaging equipment? _____
   - If no, is the bed adjustable? _____ (able to raise up and down, sit up and back)

6. Is there a 3-foot-wide (~ 1 meter) clear path to gain entry to the main floor of the home? Answer: _____

   Note: During the winter season, snow must be cleared and a pathway salted prior to the StL technologist's arrival or equipment will not be unloaded. Furniture and personal items must be cleared and this is the responsibility of the recipient and their support persons.

**StL Diagnostic Imaging will not be responsible for non-compliance of accessibility which may result in damage to personal property while on site.*

7. Do you have a pet? Pets must be segregated from the main floor exam site prior to the technologist's arrival.

8. Any sites with an over abundance of clutter or unsanitary conditions pose as a safety risk and therefore will not be serviced. Service provision will remain suspended until proof of improved conditions of the environment has been obtained. Ordering physicians will be notified.

9. The **required accompanying support persons for exams must be present**. If there is a change of availability on the day of your appointment, the exam will be rescheduled. IF THIS HAPPENS, PLEASE CONTACT OUR OFFICE IMMEDIATELY. Confirmation of an accompanying friend or family member is required, otherwise service will be suspended until further notice.

   **Please note that we may not be able to perform the study due to accessibility, potential safety hazards and space constraints. Every examination and situation are varied. In some instances, the technologist may cancel the examination upon arrival. The decision is based on their professional assessment and discretion.*

   Our message of thanks!

   StL Diagnostic Imaging appreciates the opportunity to work collaboratively with you and your healthcare teams to provide the best services possible. Please take a moment to fill out one of our client surveys and share your experience feedback: www.stlimaging.ca.

ULTRASOUND PREPARATION

Preparation Instructions for Mobile Ultrasound Services

Abdomen

- Modified Diet containing NO MEAT, FAT, OR DAIRY on day of exam until completed.
- Clear fluids only to be served with meals
- Patients may take all medication as required with a small amount of water

Abdomen and Pelvis

- Restricted Diet (see above) in addition to a full bladder
- A full bladder is required: drink 1L (four 8 oz glasses) of water one hour before the examination
- The mobile technologist will call the day before to advise of when to start drinking water. Do not void until the sonographer instructs you to do so (understandably this may be difficult at times so best efforts are encouraged)
- Take usual medication with water

Pelvis

- A full bladder is required: drink 1L (four 8 oz glasses) of water one hour before the examination for Pre and Post Void studies.
- The mobile technologist will call the day before to advise of when to start drinking water. Do not void until the sonographer instructs you to do so (understandably this may be difficult at times so best efforts are encouraged)

All Other Exams

- No preparation is needed

**Please note examinations requiring the above preparations may not all be completed prior to lunch. The directions provided will need to be followed for the duration of the scheduled appointment date.*

**Our professional mobile staff will call the day prior to notify you of the time frame in which to expect arrival for service so that you can be informed and prepared.*

**In all circumstances, collaborative efforts to work together with support staff and healthcare teams to successfully complete exams are appreciated.*