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| **OPEN MRI (MAGNETIC RESONANCE IMAGING)** |
| **PRIOR APPROVAL REQUIRED** |
| **A Patient Information** |
| **Name** |  |  Male |[ ]  Female |[ ]
| **Address** **Post Code** |   |
| **Date of Birth** |  | **NHS Number** |  |
| **B Referrer’s Details (GP / Consultant / Clinician)** |
| **Name** |  | **Patient requested referral** [x]  |
| **Address** **Post Code** |  |
| **Telephone** |  | **Email** |  |
| **GP Details (if not referrer)** |
| **Name** |  | **Practice** |  |
| By submitting this form, you confirm that the information provided is, to the best of your knowledge, true and complete and that you have:* Discussed all alternatives to this intervention with the patient
* Had a conversation with the patient about the most significant benefits and risks of this intervention – Where appropriate
* Informed the patient that this intervention is only funded where criteria are met, or exceptionality demonstrated
* Checked that the patient is happy to receive postal correspondence concerning their application where appropriate, or clarified alternative needs
* Checked that the patient understands spoken and written English, or clarified required needs

I understand that it is a legal requirement for fully informed consent to be obtained from the patient (or a legitimate representative of the patient) prior to disclosure of their personal details for the purpose of a panel / IFR team to decide whether this application will be accepted, and treatment funded. By submitting this form, I confirm that the patient / representative has been informed of the details that will be shared for the purpose and consent has been given. |
| **Signed (referrer)** | **Date** |
| **Submission**The completed form(s) should be sent electronically (from an *nhs.net* email address) in confidence with any other supporting documents to the appropriate email address: BSWICB.EFR@nhs.net.**To comply with information governance standards, emails containing identifiable patient data should only be sent securely, i.e., from an *nhs.net* account.** |

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| **C Clinical Criteria - to be read in conjunction with the Open MRI Policy** |

bsw ICB will only fund Open MRI scanning of greater than 0.5t as an alternative to conventional MRI scanning if the patient cannot fit comfortably in a conventional scanner, or if the patient suffers from claustrophobia and oral prescription sedatives have not been effective (GPs are expected to support the prescription of sedatives in this situation).

**Patient’s BMI:**

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| **Reason for Open MRI Request:**  |
| **CLINICAL CRITERIA** |
| * Does the patient suffer from claustrophobia
 | Choose an item. |
| * Has an oral sedative been attempted in a conventional scanner?

(GPs are expected to support the prescription of sedatives in this situation) | Choose an item. |
| * Is the patient able to comfortably fit in a conventional scanner
 | Choose an item. |
| **Supporting information must be provided with the application. Please document the evidence you are enclosing to support this request:** |
| ***Please be advised that consideration will not be given to any request for an Open MRI Scan if sedation has not been attempted in the first instance*** |