**Queen Mary’s** **Hospital Cardiology Referral Form**

Telephone 0208 487 6490

Please refer via the NHS e-Referral Service

Forename: Surname: M□ F□

DOB:

Address GP details:

NHS no. Email:

Tel Referral Date:

**Medical History / Risk Factor:**

**Existing IHD Smoking HX Diabetes Hypertension Hyperlipidaemia Family HX**

□ □ □ □ □ □

**Referral Type:**

1. Rapid Diagnostic Pathway

**Would like to refer down Rapid Diagnostic Pathway Yes** □ **No** □

*If yes, please select pathway*

**Chest Pain** □ **Rapid Arrhythmia** □ **Murmur** □ **Hypertension** □

**ECG, Echo, ETT ECG & Holter ECG and Echo Echo, ECG, BP**

**Heart Failure** □ **Chest X-RAY (IMER)**

**ECG, Echo, Chest X ray, Bloods Possibility of Pregnancy: Yes** □ **No LMP**

**If referring for Heart failure *please chest X-ray*  Signature: Date:**

2. Cardiac Diagnostics

**Would you like refer to diagnostics outside a diagnostic pathway Yes** □ **No**□

ECG□ 24/48/72 ECG Monitor □ BP monitor □ Event Recorder □

Echo □

***For Exercise Tests and Tilts (outside of pathways), refer to cardiac outpatient appointments in the first instance***

3. Outpatient’s Appointment

**Would you like the patient to be seen in outpatients by cardiologist Yes**□ **No**□

*Please note: All cardiac diagnostics are reported by a cardiologist and a report send back to the referrer with recommendations, only tick if you want an OPD appointment with the cardiac medical team*

Comment

**Signature of Referrer \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_**