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| **PATIENT DETAILS**Name:Address:Post CodeTelephone: Day Time Contact Number: Hospital Number: NHS Number: DOB: M / F | GP DETAILS (stamp)**Name of referring GP:****Surgery:****Telephone:****Fax:****GP signature:…………………………. Date:……………….** |
| **Clinical Query:**(Please give a brief history of the patients symptoms) |
| Clinical Findings:(Does the patient have a systolic murmur or is there any suspicion that the patient has Aortic Stenosis)**Other medical history:**  |
| **CARDIAC RISK FACTORS**Hypertension Y / NRecent BP(mm/Hg)Dyslipidaemia Y / N Diabetes Y / NSignificant Family History Y / NAlcohol consumption (units/week)BMISmoker / Ex Smoker / Non SmokerEthnic Origin | BLOODS AND INVESTIGATIONS: Has the patient had the following investigations? Please comment on any abnormalities, or attach the results.FBCU&EGlucoseLipids: Please request and attach resultsLFTsTFTsECG Please provide a copy if availableCXR Please provide report if available | MEDICATIONPlease list the patients current medication including doses:Drug Intolerance**Allergies**Does the patient require an interpreter? Y / NLanguage…………………………………………. |
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| TO BE COMPLETED BY CONSULTANT CARDIOLOGIST (Please tick the services that are required) Cardiology outpatient clinic Bloods Rapid Access Chest Pain ClinicECG Echocardiogram ETT 24 hour tape Thallium scanning |

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| Rapid Access Chest Pain Clinic**Please refer via NHS e-Referral Service** For queries, email stgh-tr.racpc@nhs.net Telephone: 020 8725 2532 |