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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 / N  Recent BP  (mm/Hg)  Dyslipidaemia Y / N    Diabetes Y / N  Significant Family History Y / N  Alcohol consumption (units/week)  BMI  Smoker / Ex Smoker / Non Smoker  Ethnic Origin | BLOODS AND INVESTIGATIONS: Has the patient had the following investigations? Please comment on any abnormalities, or attach the results.  FBC  U&E  Glucose  Lipids: Please request and attach results  LFTs  TFTs  ECG Please provide a copy if available  CXR Please provide report if available | | MEDICATION Please list the patients current medication including doses:  Drug Intolerance  **Allergies**  Does the patient require an interpreter? Y / N  Language…………………………………………. |
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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 Clinic  ECG 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](mailto:stgh-tr.racpc@nhs.net)  Telephone: 020 8725 2532 |