**RAPID ACCESS ONE STOP HEART FAILURE CLINIC REFERRAL FORM**

**Please refer via the NHS e-Referral Service**

**When to use this form:**

* Suspected Heart Failure and raised NTpro BNP >400mg/L
* Known Heart Failure for re-evaluation if not currently being followed up in St Georges HF Clinic
* Known Heart Failure looked after elsewhere for first assessment at St George’s

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| **PATIENT DETAILS** Name:NHS Number: Hospital Number:DOB: Gender:1st Line Address:Post CodeTelephone:Day Time Contact Number:Next of kin name: **Next of kin telephone:** | GP DETAILS **NAME OF REFERRING GP:**    **GP signature: Date:**  **Surgery Details or Stamp**  **Telephone:**  **GP NHS.net email:** |
| **Clinical Query:** (Please give a brief history of the patients symptoms) | |
| Clinical Findings: **Past Medical History** (NB: please attach any existing heart failure clinic letters/ echo results if these are available): | |
| BLOODS AND INVESTIGATIONS: Please ensure the following investigations have been performed. If results from external lab/XR dept please print and include with fax   NTproBNP **(Do NOT refer without NTproBNP>400ng/L)**   U&E   Glucose   LFTs   TFTs   Lipids   FBC   CXR (Please provide report if available)  NB No need to request open access echo as this will be performed at/before the time of clinic appointment | MEDICATION Please list the patients current medication including doses (or supply printed list):  **Drug Intolerance**  **Allergies**  Does the patient require an interpreter? Y / N  Language: |