**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 | MEDICATIONPlease list the patients current medication including doses (or supply printed list):**Drug Intolerance****Allergies**Does the patient require an interpreter? Y / NLanguage: |