|  |
| --- |
| **St George's University Hospitals** ***NHS***  **NHS Foundation Trust** <%CURRENTDTTM%><%END%><%END%><%END%><%END%><%END%> |

Cardiac Prevention & Rehabilitation Referral Form

**All referral forms to be completed and emailed to the cardiac rehabilitation team on**

[**Stgh-tr.CardiacRehab@nhs.net**](mailto:Stgh-tr.CardiacRehab@nhs.net) **/Phone: 020 8725 1396**

PP

**Patient details GP Details**

|  |  |  |
| --- | --- | --- |
| **NHS No:** | |  |
| Name: | | GP Name: |
| DoB: | M / F | Practice: |
| Home Address: | | Address: |
| Tel No: | | Tel No: |
| Email: | | Email: |

Date of Admission………………………….......................Date of Discharge…………………………………………….......

**And / or**

Diagnosis/Indication for Referral…………………………………………………………………………………………………………………………………………........

|  |  |
| --- | --- |
| **Current Medications & doses** | **Past Medical history** |
|  |  |

**Referral has been discussed with patient Y / N**

**Name of Referrer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Position**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_

**Contact Tel No/email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please include with referral:**

**Discharge Summary and /or Clinic letter**

**Angiogram Report / Echo report / CMRI report / Any other relevant investigation reports if not included within discharge summary or clinic letter**

**\*\*\*Please note referral will not be accepted without the relevant information\*\*\***