**Cardiac Prevention & Rehabilitation Referral Form**

**All completed referral forms to be emailed to the Cardiac Rehabilitation Team on**

**Cardiac.RehabTeam@stgeorges.nhs.uk**

PP

**Referral Checklist:**

**PLEASE NOTE REFERRALS WILL NOT BE ACCEPTED WITHOUT RELEVANT INFORMATION**

[ ]  Patient is aware of the referral and consent obtained

[ ]  Diagnosis meets Referral Criteria

[ ]  Patient Registered with a Wandsworth CCG GP (Code: 08X)

[ ]  Referral Date within 1 Year of Cardiac Event

[ ]  Discharge Summary and/or Clinic Letter Attached

[ ]  Angiogram Report/ ECHO Report/ CMRI Report/ Any other relevant reports

|  |
| --- |
| Name:  |
| NHS No.: |
| DOB:  | M [ ]  / F [ ]  |
| Address: |
| Tel No: |
|  |

|  |
| --- |
| GP Name:  |
| Address: |
| Tel No: |
| Practice Code:  |

 **Patient Details: GP Details:**

**Diagnosis/Indication for Referral:**

Date of Admission (if applicable): Date of Discharge (if applicable):

**Name of Referrer: Position:**

Contact Tel No/Email: Date:



CARDIAC REHABILITATION TEAM, ST GEORGE’S UNIVERSITY HOSPITAL

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