**Cardiac Prevention & Rehabilitation Referral Form**

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

[**Cardiac.RehabTeam@stgeorges.nhs.uk**](mailto: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

BLACKSHAW ROAD, LONDON, SW17 0QT Tel: 020 8725 1396