|  |  |  |
| --- | --- | --- |
| **Patient details** | **Referrer details** | |
| Title: Title | Name: Referring User | |
| Name: Given Name Surname | Address: Organisation Full Address (stacked) | |
| Address: Home Full Address (stacked) |  | |
|  | GP Practice Code: Organisation National Practice Code | |
| Postcode: Home Address Postcode | Tel: Organisation Telephone Number | |
| Birth Date: Date of Birth | Fax: Organisation Fax Number | |
| Tel (Home): Patient Home Telephone | NHS net email address: Organisation E-mail Address | |
| Tel (Mobile): Patient Mobile Telephone | Date of Referral: Long date letter merged | |
| Consent to share full records Yes  No |  | |
| Ethnicity: Ethnic Origin | Interpreter Required: Yes  No | |
| First Language: | Chaperone Required: Yes  No | |
| Gender: Gender(full) | **Referral Type:** | |
| NHS Number: NHS Number | URGENT | ROUTINE |
| **Specific service required:** | **Reason for referral:** | |
| GPSI Clinic (including echocardiography) | Heart Failure (suspected or known)  *NT Pro BNP >2000 refer direct to Rapid Access HF Clinic at HHFT* | |
| Ambulatory ECG (24hr or event recorder) | Murmur (suspected or known valve disease) | |
| Ambulatory BP (24hr) | Palpitations, AF, other arrhythmia  *Please specify FREQUENCY of palpitations* | |
|  | Other (please specify): | |
| **Investigations:**  ECG (please attach good quality copy with ALL referrals)  Bloods (please attach relevant results)  CXR (please attach report if performed) | | |
| **Referral Details:** | | |
| **Problems** | | |
| **Medication** | | |
| **Allergies** | | |
| **Blood Pressure**  **Height**  **Weight** | | |
|  | | |

**Service criteria**

For patients aged 18+

Exclusions:

* Patients presenting with suspected unstable or acute cardiac presentations
* Referrals to rapid access chest pain clinics
* Patients presenting with congenital heart disease that requiring ongoing specialist review in secondary or tertiary care
* Patients with complex cardiac conditions which may include implanted rhythm management devices e.g. CRT, ICDs
* Patients presenting with syncope

The service will not provide the following diagnostic procedures initially although the range of investigations will be reviewed as the service develops in line with any changes to local guidelines:

* Stress Testing
* Transoesophageal echocardiography