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| **InHealth Logo (Smaller).jpg** | **I:\RECEPT\Marketing\Team Info\Image Library\Logos\JPEGS\NHS Logo.jpg** |

**COMMUNITY BNP AND ECHOCARDIOGRAPHY SERVICE**

**Please note – we are unable to accept referrals for patients under 16 years of age, patients with congenital heart disease and disorders associated with this**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT** | | | | | **REFERRER** | | | |
| NHS Number | |  | | | Name | |  | |
| Forename | |  | | | GMC/HPC/NMC No | |  | |
| Surname | |  | | | Address | |  | |
| Address | |  | | |  | |  | |
| Date of Birth | |  | | | Referring CCG Code | |  | |
| Telephone (Home) | |  | | | Referring Practice Code | |  | |
| Telephone (Work) | |  | | | Telephone No.  (**for urgent clinical findings)** | |  | |
| Telephone (Mobile) | |  | | | Fax No. | |  | |
| E-mail Address | |  | | | NHS.net mail only | |  | |
| Gender | | Male  Female | | |  | | | |
| Physical/Communication difficulties (specify if any): | | | | | Wheelchair user? Yes  The patient must be ambulant, or if a wheelchair user they must be able to transfer independently onto the examination couch. | | | |
| If interpreter required, language: | | | | | Patient weight (kg) | | | |
| Ethnicity | | | | |  | | | |
| **CLINICAL INDICATION/PROBLEM**  Please provide as much relevant clinical information as possible to ensure the most appropriate investigation is performed.    Date of referral: | | | | | | | | |
| **Relevant Past Medical History** | | | | | | | | |
| **Cardiac History:** | | | | **Other Significant History** | | | | |
|  | MI | | |  | | Hypertension | | |
|  | Angina | | |  | | Diabetes | | |
|  | Valve Problems | | |  | | Thyroid Disease | | |
|  | Murmurs | | |  | | Alcohol/Drug Abuse | | |
|  | Cardiac Surgery | | |  | | Chronic Anaemia | | |
|  | Atrial Fibrillation | | |  | | COPD | | |
|  | Cardiomyopathy | | |  | | Other | | |
|  | Pacemaker | | | | | | | |
| **Is the patient currently taking any of the following medication?** | | | | | | | | |
|  | Beta Blockers | | |  | | Sympathomimetics | | |
|  | Diuretics | | |  | | Anticoagulants | | |
|  | Anti-arrhythmics | | |  | | Anti-hypertensives | | |
|  | | | | | | | | |
| **Investigation(s) Required:** | | | | | | | | |
| Echocardiography | | | BNP  (if positive then Echocardiography) | | | | | |
| **Please post, fax or e-mail this form to the InHealth Patient Referral Centre**  **Sandbrook House, Sandbrook Way, Rochdale, OL11 1RY**  **Tel: 0845 603 2474 Fax: 0845 602 9552 E-mail: INL.inhealthreferrals@nhs.net** | | | | | | | | **www.inhealthgroup.com**  **Version: August 2013** |