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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** |