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| **InHealth Logo (Smaller).jpg** | **C:\Documents and Settings\Christina.Fromont\Local Settings\Temporary Internet Files\Content.Outlook\GQ7NC0YS\NHS Southampton City Logo.jpg** |

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**ECHOCARDIOGRAPHY REFERRAL FORM**

**Please note – we are unable to accept referrals for patients under 18 years of age**

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| **PATIENT** | **REFERRER** |
| NHS Number |       | Name |       |
| Forename |       | GMC/HPC/NMC No |       |
| Surname |       | Address |       |
| Address |       |  |  |
| Date of Birth |       | Referring PCT 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  | Eligible for and does require NHS funded transport?**(car transport only)** Yes   |
| Physical/Communication difficulties (specify if any):      | Wheelchair user? Yes   |
| If interpreter required, language:      | The patient must be ambulant, or if a wheelchair user they must be able to transfer independently onto the examination couch. |
| 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 (If ECG test requested please include details of the pacemaker and pacing centre):      |
| **Is the patient currently taking any of the following medication?** |
|  | Beta Blockers |  | Sympathomimetics |
|  | Diuretics |  | Anticoagulants |
|  | Anti-arrhythmics |  | Anti-hypertensives |
| **Please attach to the NHS e--referral system** **InHealth Referral Centre****Tel: 0333 202 0297** | **www.inhealthgroup.com****Version: Sept 2018** |