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

**ECHOCARDIOGRAPHY REFERRAL FORM**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |