**Referral for Open Access Cardiac Investigations**

**Email to:** sft.outpatientcardiactests@nhs.net

**Referral for:** [ ]  24 Hour ABPM

 [ ]  24 Hour ECG

 [ ]  7 Day ECG (for less frequent episodes)

 [ ]  Other:

**NB: For echocardiogram requests please use the dedicated Open Access**

 **echocardiogram referral form.**

**Patient Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | NHS No. |  |
| Address |  | Date of Birth |  |
| Home Telephone |  |
| Work Telephone |  |
| Email |  | Mobile Telephone |  |

**Referrer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Referral |  |
| Base |  | Practice Code/ID |  |
| Address |  | Telephone |  |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required? | Yes | [ ]  | No | [ ]  | Wheelchair access required?  | Yes | [ ]  | No | [ ]  |
| Language:  |  | Learning Disability:  |  |
| Hearing: |  | Other disability needing consideration:  |  |
| Vision: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Military Service Person | [ ]  | Military Veteran | [ ]  | Member of Military Family |

**Reason for Referral:**

|  |
| --- |
|   |

**Medical Problems:**

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|  |

**Allergies:**

|  |
| --- |
|  |

**Medication:**

|  |  |
| --- | --- |
|  |  |
|  |  |

**Minimum Dataset:** (recordings in last 6 months)

|  |  |  |  |
| --- | --- | --- | --- |
| **Blood Pressure** |  | **Smoking Status**  |  |
| **Heart rate** |  | **Alcohol Intake** |  |
| **Height**  |  | **Exercise tolerance:**  |  |
| **Weight** |  | **BMI** |  |