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| **NHS number: Name:** **Address:** **Date of birth:** **CR number:**  |  |

**URGENT CARDIAC CHEST PAIN
REFERRAL RECORD FORM**

This form is the referral tool for all patients with cardiac chest pain who are not currently under the care of a cardiologist, including those referrals which would have previously gone to the Rapid Access Chest Pain Clinic. It allows the cardiology department to decide which investigation will be the most appropriate for the patient. Using the information they will either book the patient directly for an investigation or book them in to see a member of the cardiology team in an urgent clinic. To enable them to risk stratify effectively, please fill in all sections.

* All shaded fields are compulsory. The form will be returned if it is not filled in completely, delaying timely investigation
* Please attach a patient profile to the form. This should include current medications, allergies and past medical history
* If the patient presents with symptoms suggestive of Acute Coronary Syndrome please admit the patient

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| **Patient details** Surname First name D.O.B. NHS Number Address 1 Address 2 Address 3 Postcode Tel No Mobile No  | **GP details**Name GMC No Practice Code GP address 1 GP address 2 GP address 3 Tel No Email Date of referral  |
| Does the patient require an interpreter? Yes / No  | Height:  |  | Weight:  |  | BMI:  |  |
| **Chest pain type** | **Delete as appropriate** |
| Constricting discomfort in the front of the chest, neck, shoulders, arm or jaw |  Yes / No  | Non-anginal chest pain (1 or none of these symptoms) will not routinely be investigated unless suspicion is raised based on other aspects of the history, risk factors and the resting ECG |
| Chest pain on exertion |  Yes / No  |
| Chest pain relieved by rest or GTN spray in about 5 minutes |  Yes / No  |
| Other, please describe: |  |
| **Cardiac risk factors** |
| Diabetes |  Yes / No  | Hyperlipidaemia |  Yes / No  | Hypertension  |  Yes / No  | Smoker  |  Yes / No  |
| Family history (1st degree relative with CVD & age of onset in males <55, females <65)  |  Yes / No  |
| **Other past medical history** |
| Other known coronary heart disease  |  Yes / No  | Previous MI  |  Yes / No  |  Peripheral vascular disease  |  Yes / No  |
| Stroke/TIA |  Yes / No  | Atrial Fibrillation |  Yes / No  |  Asthma |  Yes / No  |
| eGFR =  |  | Previous PCI |  Yes / No  | Previous CABG |  Yes / No  |
| Date bloods obtained:  | Date of PCI:  | Date of CABG:  |
| **Clinical examination and investigations** |
| Resting heart rate: |  | Heart sounds normal |  Yes / No  |
| Recent Echo |  Yes / No  | Recent CXR (if no please book for urgent CXR) |  Yes / No  |
| Date of Echo: |   | Date of CXR:  |  |
| Please confirm the most recent ECG has been attached to the form |  Yes / No  |
| Please confirm a patient profile containing PMH, DH and allergies is attached |  Yes / No  |

**Referring GPs are encouraged to commence and/or optimise secondary prevention in all high risk patients awaiting assessment. Secondary prevention won’t alter the sensitivity of any cardiac investigations. Medications may be modified after assessment. Please consider Aspirin, Statin, BBlocker and ACEi.**