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| **Direct Access Echocardiography Request Form** |
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|  | Patient details |  |  | GP details |  |  |
|  | Name |  |  | Name |  |  |
|  | DoB (NB age>18yrs) |  |  | Surgery |  |  |
|  | NHS number |  |  |  |  |  |
|  | Address |  |  | Tel |  |  |
|  | incl. Postcode |  | Fax |  |  |
|  |  |  | Email |  |  |
|  |  | Please include your E-mail address if you would like to receive an electronically transmitted report. |  |
|  | Tel |  |  |  |
|  |  |  |  |  |  |  |

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| **A recent 12-lead ECG (within past 3 months) MUST be attached and any previous echo reports if available** |

All suspected cases of heart failure or known cases of heart failure with deteriorating symptoms should be referred to the Heart Failure Service.

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| Reason for ECHO Request |
|  |
| * Murmur ?cause
 | YES / NO |  |
| * Atrial fibrillation
 | YES / NO |  |
| * Hypertension ?LVH
 | YES / NO |  |
| * Heart failure scheduled reassessment
 | YES / NO  |  |
| * Valvular disease reassessment
 | YES / NO |  |
| * Other (please state)
 | YES / NO |  |
|  |  |  |
| For all requests please indicate if the patient has suffered from |
| * Hypertension
 | YES / NO |  |
| * Coronary artery disease(angina / MI / PCI ± stent / CABG)
 | YES / NO |  |
| Please give details |  |
|  |
| Notes |

All suspected cases of heart failure or known cases of heart failure with deteriorating symptoms should be referred to the Heart Failure Service.