

Request For Cardiac Investigation

PATIENT DETAILS	GP DETAILS
Title	Name
Surname	Surgery
Forename	
Hospital No	Tel
DOB	Fax
Ward/Dept	Name referring GP if different from above
Consultant	
Address	GP Signature
Postcode	
Telephone	Date

SERVICE REQUESTED	CURRENT MEDICATIONS
Routine ECG (walk in service only) <input type="checkbox"/>	Exercise Tolerance Test <input type="checkbox"/>
24 Hour Tape <input type="checkbox"/>	24 Hour Blood Pressure <input type="checkbox"/>
Pacemaker Check <input type="checkbox"/>	Transthoracic Echocardiogram <input type="checkbox"/>
RELATIVE CONTRAINDICATIONS TO ETT	
Aortic Stenosis/Murmur <input type="checkbox"/>	LBBB/AF on ECG <input type="checkbox"/>
Resting chest pain <input type="checkbox"/>	History ventricular arrhythmias <input type="checkbox"/>
HOCM <input type="checkbox"/>	Angina <1/12 post-MI/PCI/CABG <input type="checkbox"/>
Problems with mobility (will patient be able to walk unaided on a treadmill?) e.g. arthritis of hip/ knee <input type="checkbox"/> Details:	
PRESENTING SYMPTOMS	
Chest pain <input type="checkbox"/>	Oedema <input type="checkbox"/>
Shortness of Breath <input type="checkbox"/>	Syncope <input type="checkbox"/>
Palpitations <input type="checkbox"/>	PND/Orthopnoea <input type="checkbox"/>
Other:	
WHAT QUESTION DO YOU WANT ANSWERED BY THIS TEST?	
PAST CARDIAC HISTORY	ALLERGIES: NKDA <input type="checkbox"/>
Confirmed Angina <input type="checkbox"/>	Hypertension <input type="checkbox"/>
Prior MI <input type="checkbox"/>	Atrial Fibrillation <input type="checkbox"/>
Cardiac Surgery <input type="checkbox"/>	Other Arrhythmia <input type="checkbox"/>
Please specify: Heart Failure <input type="checkbox"/>	
NYHA grade <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/>	CVA <input type="checkbox"/>
BNP <input type="checkbox"/>	Asthma/COPD <input type="checkbox"/>
	Hyperlipidaemia <input type="checkbox"/>
RISK FACTORS	CHECK LIST
FHx Premature IHD <input type="checkbox"/>	BP (mmHg)
Smoker <input type="checkbox"/>	Alcohol (units/week)
Murmur <input type="checkbox"/>	BMI (kg/m ²)
Diabetes <input type="checkbox"/>	Cholesterol
	Have you included:
	An up-to-date phone number for the patient <input type="checkbox"/>
	Enclosed recent ECG <input type="checkbox"/>

Investigations are carried out either at the Heart Hospital or UCLH. Patients will be provided with clear instructions with their appointment. Please complete ALL sections of the form legibly and fax to 0203 447 3199, email to uclh.cardiology@nhs.net or send/hand deliver to

Clinic G, 1st floor podium, UCLH, 235 Euston Road, London NW1 2BU.

The department is open 09:00-17:00 Monday to Friday – patients for walk in ECG should arrive before 16:45.

Please remember that incomplete forms result in delays to service and inadequate reporting.