

**RAPID ACCESS CHEST PAIN CLINIC (RACPC) - REFERRAL FORM**

Referrals accepted from General Practitioners and Emergency Department RBCH.

Tel: 01202 704066

Referral from ED consultant 🞎 Referral from GP 🞎

Referral from Acute medicine RBCH 🞎

(Include name of consultant for ED or ACM)…………..

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| PATIENT NAME: | DATE: |
| ADDRESS: | GP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SURGERY: |
| DOB: | TEL NO: |
| TEL NO: | FAX NO: |

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| **REFERRAL** **CRITERIA (please tick all boxes)** |
| ❒ Suspected angina, with no recent Myocardial Infarction/CABG/Coronary Intervention in last 2 years.❒ Recent 12 lead ECG - please fax with referral.❒ Recent Bloods including FBC, U& E, Glucose and Cholesterol. (Please include results if not performed at RBH.)* Patients will be seen within 2 weeks of referral.
* Patients with suspected cardiac disease not fulfilling the above criteria should be sent to Cardiology Outpatients or relevant specialist clinic (ie heart failure, atrial fibrillation)
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| **RISK FACTORS** |  |
| Hypertension: | Dyslipidaemia: |
| Family history: | Raised BMI: |
| Smoker: | Diabetes mellitus: |

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| **MEDICATION:****Allergies / Intolerances:** |
| **PAST MEDICAL HISTORY:** |

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| **Do not refer if patient has any of the following EXCLUSION CRITERIA:** AnaemiaUnstable angina/Acute MIHeart FailureSevere Aortic StenosisHypertrophic CardiomyopathyUncontrolled HypertensionCyanotic Heart DiseaseSerious rhythm disturbances (VT, Uncontrolled AF, Atrial flutter, SVT)Pulmonary Hypertension |

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| **RACPC referral process:**Fill in referral form and attach ECGBlood to be taken for FBC, U & E, Glucose, Cholesterol (TC & TC/HDL).* Patient will be contacted by phone to arrange appointment at RACPC and an appointment letter will be sent to the patient along with patient questionnaire.
* Patient attends and has history and examination taken.
* Decision regarding investigations and diagnosis made by clinician who sees the patient.
* Provisional diagnosis and management plan will be explained to the patient.
* Further tests may be organised (CT coronary angiogram, stress MRI, stress Echo, MIBI, angiogram) many of which will be performed at a later date.
* Summary of assessment and any recommendations regarding medications and further investigations will be faxed in the report to the GP. A copy of this report can be requested by the patient.
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RBCH RACPC follows NICE clinical guideline 95 – Chest pain of recent onset.

Name and signature of referring Doctor…………………………………………………….

Date of referral……………..