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| Contact Details for the services **- ATTN\* (✓ only one option)** |
| **🞏** | **Cardiology, Southampton General Hospital**Tel. no: 023 8120 5906 / 023 8120 2553Queries: uhs.cardiology@nhs.net  | **🞏** | **Cardiology, Lymington Hospital**Please send via ERS.**Queries:** outpatients@southernhealth.nhs.uklymingtonmedicalsecretaries@southernhealth.nhs.uk |
| **🞏** | **Cardiology, Royal Hampshire County Hospital**Tel. no: 01962 828398 | **🞏** | **GPSI Cardiology, Bittern Park Medical Centre (Southampton City CCG GP Practice patients only)**Tel. no: 023 8082 5430 |
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| Patient’s details | Patient’s background and culture |
| Name | Full Name  | Ethnicity | Ethnic Origin       |
|  |  | 1st language | Main Language       |
| DOB | Date of Birth  | Age | Age  | Interpreter required? Interpreter required       |
| Sex | Gender(full) | Military Veteran?       |
| Address & postcode | Home Full Address (stacked)  | Referrer details |
|  |  | Referring Clinician  |       |
|  |  | Address | Organisation Name Organisation Full Address (stacked)  |
| NHS No | NHS Number  |  Tel no | Organisation Telephone Number  |
| Hospital No | Hospital Number       |  Email | Organisation E-mail Address       |
| Home tel  | Patient Home Telephone  | Referral date | Short date letter merged  |
| Work tel | Patient Work Telephone  | Date received |  |
| Mobile tel | Patient Mobile Telephone  |  |  |
| Email | Patient E-mail Address       |  |  |
| Preferred contact method | Home | **[ ]**  | Work  | **[ ]**  | Mobile | **[ ]**  | E-mail | **[ ]**  |

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| **Social Information** |
| Social Context | Transport Issues **[ ]**  | Has a Carer **[ ]**  | Is a Carer **[ ]**  | Lives Alone **[ ]**  |
| Next of Kin |       |
| Relationship to Patient |  | Telephone No |       |
| **Urgency**(**✓** only one option) | **Routine:****🞏 6 week**NTproBNP between 400–2000 ng/L | **Urgent:****🞏 2 week**NTproBNP result >2000 ng/L |

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| **Reason for referral** |
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| **Medications\*** Medication (Printed list preferred) |
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| **Supporting clinical information for referral** |
| **Clinical symptoms\*** | **[ ]**  Breathless **[ ]** Oedema **[ ]** Orthopnoea / PND **[ ]** Fatigue **[ ]**  Elevated JVP Other: |
| **Relevant past medical history**(Printed list acceptable) |  |
| **History of prior myocardial Infarction? \*** | **[ ]**  Yes **[ ]**  No | **NTproBNP result\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_ ng/L |
| **History of Atrial fibrillation?\*** | **[ ]**  No**[ ]**  Yes - Anticoagulated**[ ]**  Yes – Anticoagulation contraindicated | **Is the patient known to the heart failure service?** | **[ ]**  No**[ ]** Yes (last contact date: ) |
| **We kindly request the following panel of bloods are performed at the same time as NT-ProBNP** | 🞏 U&Es 🞏 FBC 🞏 HbA1c 🞏 LFTs 🞏 TFTs |

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