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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Details for the services **- ATTN\* (✓ only one option)** | | | | | | | | | | | | | | | |
| **🞏** | **Cardiology, Southampton General Hospital**  Tel. no: 023 8120 5906 / 023 8120 2553  Queries: [uhs.cardiology@nhs.net](mailto:uhs.cardiology@nhs.net) | | | | | | **🞏** | | **Cardiology, Lymington Hospital**  Please send via ERS.  **Queries:** [outpatients@southernhealth.nhs.uk](mailto:outpatients@southernhealth.nhs.uk)  [lymingtonmedicalsecretaries@southernhealth.nhs.uk](mailto:lymingtonmedicalsecretaries@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 | | | | | |
|  | | | | | | | | | | | | | | | |
| 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** |
|  |
| **Medications\*** Medication  (Printed list preferred) |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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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