

## **Rapid Access Chest Pain & Urgent Heart Failure Service (2 week wait)**

Incomplete or unsigned forms will not be accepted and will be returned. Please include EMIS Clinical History, Medical Summary and any other supporting information required  
**WE DO NOT ACCEPT EMAILED REFERRALS AND THEY WILL BE REJECTED.**

<b>EXCLUSION CRITERIA</b> Patient suspected of having acute decompensated heart failure should be referred direct to A&E. Suspected heart failure with NT Pro-BNP of <1000pg/ml may be referred in the usual way via e-RS and will be seen within 4 weeks.						
<b>INCLUSION CRITERIA</b> New presentations of suspected heart failure with NT Pro-BNP >1000pg/ml. (or other urgent indication)						
Please ensure NT Pro-BNP, other blood tests as below and Chest X-ray results are attached to referral. These will not be accessible otherwise at the time of referral. Attachment of a referral summary and/or previous cardiac investigations would be very helpful.						
Date of referral:			Tel no:			
GP:			Fax no:			
Practice Name:			Interpreter Required Y / N                      Language:			
Patient's name:			Tel no (to arrange appointment), <b>Please make the patient aware that someone will be contacting them and it may be from an unknown/ unidentified number.</b>			
Date of Birth:		Age:				
NHS no:						
Male / Female						
Address:			Medication::			
Smoking	Y / N/Ex	Hypertension				Y / N
Hyperlipid	Y / N	Diabetes				Y / N
Family history	Y / N	Previous MI				Y / N
Valve disease	Y / N	Asthma				Y / N
Heart Murmur	Y / N	COPD				Y / N
Arrhythmias	Y / N	Alcohol excess				Y / N
<b>Essential Diagnostic Information – results must be attached.</b> NT Pro-BNP:                      pg/ml      CXR                      Y / N U&Es                      Y / N                      FBC                      Y / N                      Lipids                      Y / N LFTs                      Y / N                      TFTs                      Y / N                      Glucose                      Y / N						
Clinical History / Reason for referral						

Signed: .....