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| **Rapid Access Chest Pain Referral Form** |
| **(Chest pain of recent onset of less than 12 weeks)** |
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| **Date of GP Appointment (DD/MM/YYYY)** | **Date Fax referral received****(DD/MM/YYYY)** | **Date of RACPC appointment****(DD/MM/YYYY)** |
|       |       |       |
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| **NB All fields must be completed or no appointment can be made** |
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| **RACPC exclusion criteria***If the patient has any of the following* ***RACPC exclusion criteria****, please refer to a* ***general cardiology clinic*** *instead.* |
| * Chest pain history > 12 weeks
* PCI or CABG within last five years
* Coronary angiography within last five years
* Stage 4 or 5 Chronic Kidney Disease

(eGFR <30 or on dialysis)   | * Age under 30 years
* Coronary heart disease excluded by other investigation in the last three years
* Complex co-morbidities requiring Consultant Cardiologist opinion
 |
| *Please read the statements above and sign below to confirm that* ***none of the exclusion criteria apply:*** |
| *Referring GP signature* | **Sign (print name)**  | **Date (DD/MM/YYYY)**  |

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| **Patient details** |
| **Name** |       |
| **Address** |       |
|  |       |
| **Postcode** |       | **Tel no.** |       |
| **First language** |       |
| **Male** | [ ]  | **Female** | [ ]  | **Interpreter required?** | Yes [ ]  | No [ ]  |

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| **Referring practice details** |
| **Referring GP email** |       |
| **Practice address** |       |
|  |       |
| **Postcode** |       | **Tel. no.** |       |
| **Fax no.** |       | **Referral date(DD/MM/YYYY)** |       |

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| **Cardiovascular risk profile** |
| **Diabetes** | Yes [ ]  | No [ ]  | **Hyperlipidaemia**  | Yes [ ]  | No [ ]  |
| **Current smoker (or stopped in last 12 months)**  | Yes [ ]  | No [ ]  | **Hypertension** | Yes [ ]  | No [ ]  |
| **Family History CHD (First generation relative – Father/brother <55yrs Mother/sister <65yrs)** | Yes [ ]  | No [ ]  |

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| **Relevant past medical history** |
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| **Examinations and investigations *(These results must be within the last three months)*** |
| **Sample** | **Results** | **Date (DD/MM/YYYY)** |
| **HB** |       |       |
| **Platelets** |       |       |
| **Creatinine** |       |       |
| **Urea** |       |       |
| **Total cholesterol** |       |       |
| * **HDL**
 |       |       |

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| **ECG (If completed please attach)**  | Yes [ ]  | No [ ]  | **BP** |  | **Heart rate** |       |

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| **Current medication *(List current prescription)*** |
|       |
| Drug sensitivity |       |

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| **QEHB *(Information to be filled in by receiving clerical staff)*** |
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