

**Direct access diagnostics referral form**

**DATE OF GP DATE APPOINTMENT**

**APPOINTMENT RECEIVED DATE**

**Direct Access Test (please tick the box next to the test that you require)**

**ECHO**  For Echo, has new onset of AF been confirmed by ECG? **YES **

 **NO** 

**24 Hour ECG**  

**Routine 12 Lead ECG**  

**Results of any Primary Care Assessment**

**Blood Pressure**

**FBC**

**U&E**

**Lipids**

**ECG (please attach copy if available)**

**GP**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/Stamp

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PATIENT DETAILS**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex M/F

DOB\_\_\_\_\_\_\_\_\_\_\_\_\_ NHS No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode\_\_\_\_\_\_\_\_ Tel No\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Mandatory)**

Hospital Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interpreter Req Y/N

**Information to be filled in by receiving clerical staff**

**Any Other Information**

**Please fax/email this form to the fax gateway number: 0121**

**Current Medications**

**Drug Sensitivity**

**T**

**Estimated risk of Coronary Artery Disease-This section MUST be filled in**

National Institute for Health and Clinical Excellence. Chest pain of recent onset: assessment and diagnosis of recent onset chest pain or discomfort of suspected cardiac origin. Clinical Guideline CG95.London: (NICE2010)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Non-anginal chest pain** | **Atypical angina** | **Typical angina** |
|  | **Men** | **Women** |  **Men** |  **Women** |  **Men** |  **Women** |
| **Age****(years)** |  **Lo** | **Hi** | **Lo** | **Hi** |  **Lo** | **Hi** |  **Lo** | **Hi** |  **Lo** | **Hi** |  **Lo** | **Hi** |
| 35 | **3** | **35** | **1** | **19** |  8 | 59 |  2 | 39 |  30 | 88 |  10 | 78 |
| 45 | **9** | **47** | **2** | **22** |  21 | 70 |  5 | 43 |  51 | 92 |  20 | 79 |
| 55 | **23** | **59** | **4** | **25** |  45 | 79 |  10 | 47 |  80 | 95 |  38 | 82 |
| 65 | **49** | **69** | **9** | **29** |  71 | 86 |  20 | 51 |  93 | 97 |  56 | 84 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Estimated Risk Score**

* For men older than 70 years with atypical or typical symptoms, assume an estimate>90%
* For women older than 70 years, assume an estimate of 61-90% EXCEPT women at high risk AND with typical symptoms where a risk of >90% should be assumed
* Values are per cent of people at each mid decade age with significant coronaryartery disease (CAD)
* Hi = High Risk = Diabetes, smoking **OR** hyperlipidaemia (total cholesterol>6.47 mmol/litre).
* Lo = Low Risk = none of these
* The shaded area represents people with symptoms of non anginal pain, who would not be investigated for stable angina routinely

***NOTE: These results are likely to overestimate CAD in primary care populations. Ifthere is a resting ECG ST-T changes or Q waves,the likelihood of CAD is higher in each cell of the table***