**Referral for Open Access Echocardiography Service**

**GPs under Wiltshire Health & Care please email to:** [**whc.cardiacdiagnostics@nhs.net**](mailto:whc.cardiacdiagnostics@nhs.net)

**GPs NOT under Wiltshire Health & Care please email to:** [**sft.outpatientcardiactests@nhs.net**](mailto:sft.outpatientcardiactests@nhs.net)

**Patient Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | NHS No. |  |
| Address |  | Date of Birth |  |
| Home Telephone |  |
| Work Telephone |  |
| Email |  | Mobile Telephone |  |

**Referrer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Referral |  |
| Base |  | Practice Code/ID |  |
| Address |  | Telephone |  |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required?: | Yes |  | No |  | Wheelchair access required? | Yes |  | No |  |
| Language: |  | | | | Learning Disability: |  | | | |
| Hearing: |  | | | | Other disability needing consideration: |  | | | |
| Vision: |  | | | |

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| --- | --- | --- | --- | --- | --- |
|  | Military Service Person |  | Military Veteran |  | Member of Military Family |

**Referral Criteria:**

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| --- | --- |
| **Inclusion Criteria:** | Valvular disease not thought to be present but incidental finding of murmur.  Asymptomatic mild valvular disease.  Heart Failure (shortness of breath, ankle swelling etc).  New AF and for GP management (if wishing cardiology assessment, please refer to cardiology outpatient clinic. An echo will be automatically arranged and the patient be seen at the same appointment). |
| **Exclusion Criteria:** | Heart murmur and evidence of IHD or symptoms (please refer to cardiology outpatients instead). |

**Clinical Details:**

|  |  |
| --- | --- |
| **Symptoms:** |  |
| **Pulse:** |  |
| **Rhythm:** |  |
| **Blood Pressure:** |  |
| **Heart Sounds:** |  |
| **JVP:** |  |
| **Lungs:** |  |
| **Oedema:** |  |
| **BNP:** |  |

**Medical Problems:**

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|  |

**Allergies:**

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| --- |
|  |

**Medication:**

|  |  |
| --- | --- |
| Acutes |  |
| Repeats |  |