**RAPID ACCESS PLEURAL EFFUSION CLINIC**

**DATE**

Dear Dr …………..

Many thanks for your referral to see this patient with a pleural effusion.

Pt details

We plan to book him for an appointment on \_\_\_\_\_\_\_\_\_\_\_\_to have a clinical review, chest USS and, if appropriate, a therapeutic/diagnostic pleural aspiration.

Please could you provide us with the following information:

|  |  |
| --- | --- |
| **Medication** | Could you indicate whether the patient takes any of the listed medications and the reason why:* Clopidogrel
* Warfarin
* NOAC e.g. Apixiban, Rivaroxaban
* LMWH

(aspirin can be continued) |
| **Bleeding risk** | Could you let us know the following (and date taken):* Platelet count:
* INR:
* Renal function:

(if not performed in the last 2 weeks could you arrange for them to be done prior to the appointment indicated above) |

Please fax this form back to 01722 429230

Many thanks,

Dr Sian Evans

Respiratory Consultant