Salisbury NHS
NHS Foundation Trust

Referral form for Cardiac Catheterisation / PCI

Please forward to the Cardiac Co-ordinator in the Cardiac Suite **within 24 hours**

Referral source: (please circle) IN PATIENT OUT PATIENT

Date of referral to Consultant from General Practitioner: ______________________________

Referral date:	Consultant signature:
Referring Consultant (please circle) TW MS AJ SL Patient needs preclerking appt ❑ Patient preclerked on ward ❑	Patient details: NHS ❑ Private ❑ addressograph Patient telephone number:

Communication needs

Clinical information: (Include previous LHC, PCI or CABG details):	**Urgency & list type** **In-patient:** ❑ likely normal? Ward ___________ **Elective**: ❑ Urgent ❑ Routine ❑ Staged Operator Preference (leave blank if none)

Scheduling details: (if patient is for coronaries +/- proceed to PCI tick coronaries and PCI)

Anti platelet therapy Aspirin Already prescribed ❑ To start ❑ Clopidogrel Already prescribed ❑ To start _____days before procedure **Diagnostics** (please tick as appropriate) ❑ Coronaries **Intervention** (please tick as appropriate) ❑ PCI ❑ RADI wire ❑ IVUS ❑ DES ❑ BMS ❑ POBA	**Case co-morbidity** (please tick as appropriate) ❑ Unfavourable BMI ❑ Difficult access ❑ Diabetes ❑ Insulin ❑ Metformin ❑ Glucophage ❑ GFR<60 ❑ NAC ❑ Hydrate ❑ Early on list ❑ LVEF <30% ❑ Viability assessment ❑ Haemoglobin<100 ❑ Investigated ❑ Warfarin ❑ Continue for case ❑ Metal valve ❑ Stop ____ days before procedure ❑ Peripheral vascular disease ❑ Stroke
Approach ❑ Femoral ❑ Radial R L **Day case suitability** ❑ Technical ❑ Social ❑ Consent	**Target vessel for PCI** ❑ LMS ❑ LAD ❑ LCx ❑ RCA ❑ Ramus ❑ SVG ❑ LIMA Estimated time for PCI (minutes)

Signature and bleep/contact number of Dr completing this form:______________________________

ver 1.1