**RAPID ACCESS CARDIAC CHEST PAIN REFERRAL FORM**

This form is for the specialist assessment of patients with **suspected angina**.

**Referral Criteria:**

* Exertional chest pain suggestive of new onset angina
* Women aged <40 yrs & men <30 yrs to be referred in exceptional circumstances only
* Patients with established IHD should be referred to general cardiology
* **Patients with suspected Acute MI / Unstable Angina new LBBB treat as per: Initial management of suspected acute coronary syndromes in ED/acute medicine**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Details** | | **Referrer Details** | |
| Patient Name |  | Name  Designation |  |
| Hospital  Number |  | Department  /Address |  |
| Date of Birth |  | Contact Number |  |
| Telephone  Number |  | Date of Referral |  |

**History:**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Is the chest pain / discomfort: |  |  |
| Constricting in the chest, neck, shoulders, jaw or arms |  |  |
| Precipitated by physical exertion |  |  |
| Relieved by rest or GTN in approx. 5 minutes |  |  |

**Cardiovascular Risk factors:**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Family history IHD 1ST degree relative <60yrs |  |  |
| Diabetes |  |  |
| Smoking |  |  |
| Hypertension |  |  |
| hypercholestrolaemia |  |  |

**Please email completed referral to: sft.admincardiology@nhs.net**