Sherwood Forest Hospitals (NHS Trust)

Rapid Access Chest Pain Clinic Referral Cardio Respiratory & Vascular Dept.

For Trust use only – Confirmation of Electronic Referral Information		
Hospital Number:	Date of Appointment:	Time:
Speciality:	Consultant:	

☐ Refer to KMH
☐ Refer to Newark
☐ No Preference

Patient Details		**Practice Details**	
NHS No.:	~[NHS Number]	Referring GP:	~[Referring Doctor]
Surname:	~[Surname]	Registered GP:	~[Registered Doctor]
Forename (s):	~[Forename]	GP Phone Number:	~[Surgery Tel No.]
DOB:	~[Date Of Birth]		
Previous Surname:	~[Previous Name]	GP FAX Number:	~[Free Text: GP Fax
Address:	~[Patient Address Line 1]	GP Practice Address:	~[Surgery Address Line
	~[Patient Address Line 2]		~[Surgery Address Line 2]
	~[Patient Address Line 3]		~[Surgery Address Line
	~[Patient Address Line 4]		~[Surgery Address Line 4]
	~[Post Code]		~[Surgery Address Line 5]
Sex:	~[Sex]	Date of Decision to refer:	~[Free Text: Date of decision to refer]
Preferred telephone number:	~[Free Text: Telephone Number]		

Patients Name: ~[Forename] ~[Surname]

Referral Criteria:

- Patients with suspected new onset stable angina only.

Please note these patients will not initially be seen by a consultant

The following patient groups should <u>NOT</u> be referred:

- Patients assessed/treated for IHD in Secondary Care in the past – re-refer to original consultant
- Patients with clinical suspicion of MI within preceding 24 hours
- Patients with pain at rest suggestive of angina

These patients should be referred as emergencies through the usual channels

☐ Hypercholesterolaemia	☐ Current Smoker
☐ Hypertension Average BP mmHg	☐ FH of IHD (1st degree relatives)
☐ Diabetes Mellitus	☐ Obesity (BMI > 30)

Brief History of symptoms suggesting new onset angina:

Results of any relevant investigation e.g. CXR/Niochemistry/ECG:

- Has the patient been previously assessed in secondary care for symptoms suspicious of CHD?
  Yes ☐ No ☐

- Do you suspect unstable angina i.e. rapidly deteriorating exercise tolerance or frequent unprovoked episodes?
  Yes ☐ No ☐

- Does the patient have any locomotor problems?
  Yes ☐ No ☐

- Your assessment of the probability that symptoms are angina.
  Offer a single number:

  1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
  (1 extremely unlikely, 5 extremely likely)