

**Harrogate Rapid Access Chest Pain Service**

**Urgent 2 Week Referral Form - Full completion is required for acceptance of referral**

**Complete both pages of this form and send via e-RS**

DO NOT REFER PATIENTS WITH:

|  |  |  |
| --- | --- | --- |
| Unstable angina or acute MI |  | Admit to Emergency |
| Chronic stable angina i.e no change in known symptoms |  | Routine referral to Cardiology |
| Atypical |  | Routine referral to Cardiology |
| Cardiac sounding chest pain which is not recent |  | Routine referral to Cardiology |

Patient Details Name:

DOB:

Address:

Home Tel: Work Tel: Mobile:

NHS No / Hospital:

Referring Doctor: Name:

Position:

Address / Location

Tel: Fax:

Clinical Summary Box (including Duration of chest pain and features suggestive of angina):

 Is the patient known to have:

Aortic Stenosis Atrial Fibrillation L.B.B.B

|  |
| --- |
| **Yes / No** |
| **Yes / No** |
| **Yes / No** |

Relevant Past Medical History (or attach summary): Drugs / Allergies (or attach summary):

Is the patient able to walk 200 yards on treadmill at a normal pace? Bloods are required: Please state date taken or attached results

Yes / No

Hb

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Glucose or HbA1C Lipids

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U&E LFTs

Treatment

If you have a strong suspicion of cardiac chest pain

PRESCRIBE

1. Beta Blocker
2. Aspirin
3. GTN

If the above prescription is NOT given you MUST state reasons for not initiating:

Referring Doctor:

Signed: Name:

Date: GMC number:

Emergency department Sign off

ED Consultant / Medical Registrar on call:

Signed: Name:

Date: GMC number:

Patient Pathway

Appointments are made from primary and urgent care.

Patients will be contacted by telephone by the hospital in the first instance to arrange their appointments, if no contact is made on the telephone a letter will be sent out to the patient with the appointment details.  It is vital that all demographic details for the patients are up to date and that patients are aware that they need to be available to attend an appointment within 14 days.