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| **Weston Rapid Access Chest Pain Clinic Referral Form March 2015**  Weston Area Health *NHS* Trust | | | | |
| PLEASE COMPLETE ALL AREAS OF FORM – ONLY FULLY COMPLETED FORMS WILL BE ACCEPTED | | | | |
| **PATIENT**  Name:  NHS No: DoB: Sex M F  Address:  Postcode:  Tel No Day: Evening:  Mobile No: | | **GENERAL PRACTITIONER**  Dr:  Practice:  Address:  Postcode:  Tel. No: | | |
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| Box 1 Assess typicality of angina pain: **PLEASE TICK BOX** | | | | |
| * Constricting discomfort in chest, shoulders, jaw or arms * Precipitated by physical exertion * Relieved by rest/GTN within 5 minute | Has all 3 features **Typical Angina** ❑  Has 2 features **Atypical Angina** ❑  Has <2 features **Non-Anginal Pain** ❑ | | | |
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| Box 2 Assess coronary artery disease risk factors: **PLEASE TICK BOX** | | | | |
| * Diabetes ❑ * Smoking ❑ * Hyperlipidaemia (total cholesterol > 6.47 mmol/l ❑ * None of the above ❑ | | | | |
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| Box 3 Please answer ALL the questions below: **PLEASE TICK BOX** | | | | |
| Is the chest pain associated with palpitations or is breathlessness a predominant symptom  Does your patient suffer from uncontrolled hypertension  Does your patient suffer from heart failure  Does your patient have uncontrolled atrial fibrillation  Have you listened to your patients heart and found a murmur that may represent significant valve disease  Does your patient have a history of previous MI, PCI, CABG, Heart Murmurs, valve disease etc **(Please refer to Cardiology Clinics)**  Has your patients had recent episodes of rest pain (unstable angina/MI)  **(Refer for urgent admission)** | | | | ❑ **Yes** ❑ No  ❑ **Yes** ❑ No  ❑ **Yes** ❑ No  ❑ **Yes** ❑ No  ❑ **Yes** ❑ No  ❑ **Yes** ❑ No  ❑ **Yes** ❑ No |
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| Box 4 Please answer ALL the questions below: **PLEASE TICK BOX** | | | | |
| Is your patient able to ride a bicycle **at a good pace**  Has your patient had a FBC, U+E, Glucose, TFTs, Cholesterol  Is a Referral letter attached / GP Summary record attached | | | ❑ **Yes** ❑ No  ❑ **Yes** ❑ No  ❑ **Yes** ❑ No | |
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| **EMAIL COMPLETED REFERAL FORM WITH LETTER / GP RECORD DOCUMENTING HISTORY AND MEDICATIONS TO:** [**wnt-tr.racpcweston@nhs.net**](mailto:wnt-tr.racpcweston@nhs.net) **(**or Fax to 01934 647 286) | | | | |
| If a patient is unsuitable for the RACPC we will inform you and request an urgent appointment for them in the Consultant clinic. If you are concerned about their cardiac symptoms, please refer urgently to cardiology by letter, fax , or by telephone call to one of the Consultants directly. | | | | |