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| **Rapid Access Chest Pain Referral Form** | | | |
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| **Date of GP appointment (DD/MM/YYYY)** | | **Date e-referral received**  **(DD/MM/YYYY)** | **Date of RACPC appointment**  **(DD/MM/YYYY)** |
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| **NB All fields must be completed or no appointment can be made** | | | |
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| **RACPC inclusion criteria**   * Chest Pain on exertion Yes/No • Resolves with rest or GTN Yes/No • Duration <12 weeks Yes/No   **RACPC exclusion criteria**  *If the patient has any of the following* ***RACPC exclusion criteria****, please refer to a* ***general cardiology clinic***   * PCI or CABG within last five years • Age under 30 years * Stage 4 or 5 Chronic Kidney Disease • Complex co-morbidities requiring Consultant   (eGFR <30 or on dialysis) Cardiologist opinion which include heart failure,   * Coronary Heart disease excluded by other valve disease, arrhythmia and uncontrolled   Investigation in the last 3 years hypertension  *Please* *read the statements above and sign below to confirm that* ***above exclusion and inclusion criteria apply:*** | | | |
| *Referring GP signature* |  | | **Date (DD/MM/YYYY)** |

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| **Patient details GP referring details** | | | | | | | | | | | | | | | |
| **Name:** | **Name** | | | | | | | | | | | | | | |
| **DOB:** | **Practice** **address** | | | | | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | | | | | |
| **Tel no.** |  | | | | | | | | **Tel no.**  **Referring GP email** | |  | | | | |
| **First language** | | **Interpreter required?** Yes  No | | | | | | | | | | | | | |
| **Male** |  | | **Female** | |  | | **PID:** | | | **NHS no:** | | |  | | |
| **Reason for Referral**  **ECG attached Yes/No** | | | | | | | | | | | | | | |
| **Cardiovascular risk profile** | | | | | | | | | | | | | | |
| **Diabetes** | | | | Yes | | No | | **Hyperlipidaemia** | | | | Yes | | No |
| **Current smoker  (or stopped in last 12 months)** | | | | Yes | | No | | **Hypertension** | | | | Yes | | No |
| **Family History CHD  (First generation relative – Father/brother <55yrs Mother/sister <65yrs)** | | | | | | | | | | | | Yes | | No |

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| **Please attach list of past medical history along with current drug history including drug sensitivities and routine bloods, U&E’s & FBC within the last three months** |