

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]		2]
	~[Patient Address Line 3]		~[Surgery Address Line
	~[Patient Address Line 4]		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 NOT 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

Hypertension Average BP mmHg

Diabetes Mellitus

Current Smoker

FH of IHD (1st degree relatives)

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)