**Paediatric Cardiology Referral Form**

Please email completed form via NHS.net email to joseph.wacher@nhs.net

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| --- | --- | --- | --- |
|  |  | Date | Click here to enter a date. |
| Patient Details |
| Name | Click here to enter text. | **MRN** | Click here to enter text. |
| DOB | Click here to enter a date. |  |  |
| Referrers Details |
| Name of referring consultant | Click here to enter text. | **Name of person completing this form** | Click here to enter text. |
| Email of referrer | Click here to enter text. | **Contact no. /bleep for referrer** | Click here to enter text. |
| Referral Information |
| Is this referral for inpatient or outpatient assessment? | Choose an item. |
| Reason for referral(Please refer to referral categories) | Click here to enter text. |
| Question you would like to have answered | Click here to enter text. |
| Relevant past medical history | Click here to enter text. |
| Medication | Click here to enter text. |
| Previous Investigations and results(ECG, Echo etc.) | Click here to enter text. |

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| --- |
| **Administrative** |
| Referral accepted | Yes[ ]  | No[ ]  |
| Clinic | JW [ ]  | FK [ ]  | Inpatient [ ]  |
| Timeframe | Click here to enter text. | Overbook | Yes [ ]  | No [ ]  |