**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 |