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| **Cardiac Chest Pain Clinic** Referral Form  James Cook University Hospital and Friarage Hospital  Tel: 01642 854607 / 01609 779911 stees.ciuadmin@nhs.net | TEES 2024 ABOUT SOUTH TEES - CONEXAS MICROSITES |

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| **Patient Details** | | **Referrer:** | |
| NHS No. |  | Referring clinician |  |
| Name |  | e-mail |  |
| D.O.B |  | Address |  |
| Address |  | **Essential investigations**  (do not refer until ECG is available for triage)  ECG  FBC  U&E  LFT  TFT  Lipids  Glucose | |
| Tel. No |  |
| Interpreter required? | if required, state language |

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| **Full referral indications and exclusions can be seen at the end of this form or via this link: http//**  Where a diagnosis of IHD is suspected it is appropriate to offer a trial of medication (anti angina) therapy including aspirin and a GTN spray. |

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| **Clinical Details: - please ensure you include details of the pain including character, onset, duration and aggravating/relieving factors.** | | | |
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| **Past medical history and current medications:** | | | |
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| **Cardiac Risk Factors:** | **Yes** | **No** | **Details** |
| Smoker |  |  |  |
| High Cholesterol (mmol) |  |  |  |
| Hypertension |  |  |  |
| Diabetes |  |  |  |
| Family History (1st degree relative <65) |  |  |  |
| Previous MI |  |  |  |
| Previous PCI |  |  |  |
| Previous CABG |  |  |  |
| Previous cardiac Investigations |  |  |  |

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| **Referral Indications** | Patients >30 years old\* with:   * Recent-onset (within 6 months) of **exertional chest discomfort** suggesting new diagnosis of ischaemic heart disease (IHD) * Recurrent/worsening symptoms in a known IHD patient who **is not under follow-up** by a cardiologist     \*patients under the age of 30 can be referred where there is a strong history suggestive of cardiac ischaemia defined as having **all** of the following features:   * Exertional chest discomfort * AND symptoms provoked by walking or other cardiovascular exercise * AND symptoms relieved by rest or GTN     Where a diagnosis of IHD is suspected it is appropriate to offer a trial of medication (anti angina) therapy including aspirin and a GTN spray. |
| **Exclusions** | Patients who:   * Are under current cardiology review (please refer to current Cardiologist) * Have had normal myocardial perfusion scan, stress echo, CT coronary angiogram or coronary angiogram within the last 3 years. (if there is a strong suggestion of angina, despite the test result, refer to Consultant Cardiologist through choose and book) * Complain of a single episode of chest pain lasting less than 20 minutes     Refer to a Consultant Cardiologist if the patient has:   * A new murmur or ECG changes in the absence of cardiac symptoms. * Longstanding symptoms which require assessment in the context of a complex cardiac history |