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| **Cardiac Chest Pain Clinic**Referral FormJames Cook University Hospital and Friarage HospitalTel: 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.**  |
|       |
| **Past medical history and current medications:** |
|       |
| **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
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