

GP Direct Access Echocardiograph – REFERRAL FORM
Use SCI Gateway Form unless the gateway unavailable



Patient Details

Name..... GP Name.....
 Address..... Practice Code.....
 Tel No..... Fax.....
 Tel No..... DoB..... CHI Number.....

Interpreter required? Y N If Y spoken language

Preferred hospital (please circle) GRI WIG IRH RAH VoL Victoria Stobhill Southern Gen

Preferred hospital will be offered for appointment unless (unusually) waiting time guarantee cannot be met

INDICATIONS FOR REFERRAL (please tick appropriate box)

AF proven on ECG Murmur

DO NOT REFER THE FOLLOWING FOR OPEN ACCESS ECHOCARDIOGRAPHY

LVH on ECG - history of HBP (refer to GGCNHS hypertension guideline)
 LVH on ECG - no history of HBP (**Suggest referral to cardiology clinic**)
 Patients with a prosthetic valve

RELEVANT PAST MEDICAL HISTORY

Hypertension Valvular heart disease Valve surgery
 MI CABG PTCA
 Angina

Previous echo Y N If yes Hospital.....Date.....
 Result.....

RELEVANT DRUG HISTORY

Warfarin Aspirin Clopidogrel
 Dipyridamole B-blocker Ca channel blocker
 Digoxin

Other (please list)

PLEASE ASK PATIENT TO BRING ALL MEDICATIONS ALONG TO CLINIC

- All information should be completed to ensure a safe and efficient service is provided to your patient.
- **Please Fax form to 0141 232 1020** An appointment will be sent to your patient
- Telephone number for central booking service 0141 232 0793

Referring Doctor's signature..... Please print name.....
 Date.....