

RAPID ACCESS CHEST PAIN CLINIC REFERRAL FORM
Telephone 0141 232 1021 FAX to 0141 232 1020

PATIENT DETAILS (or label) M F

Name

Address

Postcode D.O.B. (d/m/y) ____/____/____

Tel (Day)/ mobile.....

CHI No _ _ _ _ _

GP Name

Practice code.....

GP Practice Address.....

Postcode Tel

Interpreter required: Language.....

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

Rapid Access Chest Pain Assessment

- Patients must be aged 25 or over
- If a patient has symptoms suggestive of unstable angina or myocardial infarction e.g. a marked increase in frequency or severity of pain, or pain at rest, the patient should be referred for admission.

Timescales of health complaint

- | | |
|---|--|
| • If new/altered symptoms more than 4 weeks | • Refer to secondary care admission routine cardiology outpatient clinic |
| • If issue less than 4 weeks | • Refer to RACP clinic |

3 Questions to be answered

- Precipitation by exertion/emotion?
- Does it make them stop/slow down?
- Prompt relief by test relaxation or GTN spray? (usually less than 5 minutes and no more than 15 minutes)

If ALL 3 questions are answered Yes then very likely to be CHD and suggest commencing drugs as shown and **REFER. Give patient leaflet**

Aspirin Beta Blockers Statin GTN

If ONE or TWO answered Yes give drugs as suggested and **REFER. Give patient leaflet**

Give GTN spray and instruction on use

If ALL 3 questions are answered No then

Consider alternative diagnosis

Please answer all the following questions

New onset of symptoms suggestive of angina (see advice above) Y N

Existing treated angina that is more frequent or related to less exertion? Y N

Symptoms present for ≤ 4 weeks Y N (Must be **Y** for rapid access otherwise please refer to cardiology clinic)

Is patient physically able to/capable of undertaking a treadmill test? Y N

(If **no**, please still make this referral - alternative investigation will be arranged)

Previously seen by cardiologist Y N If Y Previous cardiologist name

Pre-existing OP cardiology appt? Y N If Y, ensure discussion with cardiologist before referral

Cholesterol test < 6 months? Y N Must have had a cholesterol test at time of referral or within last 6 months. Don't delay referral for result - this available through appropriate SCI-store at OP clinic

Current BP ____/____ **Treated hypertensive?** Y N

Current smoker **Current non-smoker (quit <12 months)** **ex-smoker (quit >12 months)** **Never smoker**

Please append repeat prescribing list + any newly prescribed drugs

Any other relevant information

Referring doctor signature **Date**

Rapid Access Chest Pain Clinic

- Refer even if unable to undertake treadmill
- Please ask patient to bring all medication with them to the clinic
- Every piece of information requested is needed to ensure safe assessment and correct advice
- **Waiting time guarantee - Two weeks**
- **Results** - these will be given to the patient to return to you, or will be posted to you, with a management plan

Booking centre
 Medical Records GRI
 Alexandra Parade
 Glasgow G31 2ER
0141 232 1021
 or
0141 211 4000 page 3839