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| **RAPID ACCESS CHEST PAIN CLINIC REFERRAL (2 WEEK)****e-Referral: Cardiology/Rapid Access Chest Pain** |  |
| **Date of referral** |  |  |

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| **Patient Name:** |  | **Referring GP Name** **Practice Address**  |
| **Hospital No:** |  |
| **Date of Birth** |  |
| **NHS Number** |  |
| **Address:** |
| **Preferred Contact No** |  | **Tel No** |  |
| **Home Tel No** |  | **Email Address** |  |
| **Mobile No** |  |  |

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| **The RACPC provides rapid and efficient review for patients presenting with new onset or progressive chest pain with anginal features of less than 12 weeks duration. Screening questions below:** |
| **Is there prolonged or severe chest pain at rest?** | ***Yes*** | **No** | ***If yes refer for urgent admission*** |
| ***[ ]***  | ***[ ]***  |
| **Please select Yes or No**  | **Yes** | **No** |
| Has the chest pain been ongoing for longer than 12 weeks | ***[ ]***  | ***[ ]***  |
| Has the patient previously been seen by a Cardiologist or investigated for IHD? | ***[ ]***  | ***[ ]***  |
| Has the patient had previous coronary angioplasty or coronary artery bypass surgery? | ***[ ]***  | ***[ ]***  |
| Is the patient currently under Cardiology follow-up? | ***[ ]***  | ***[ ]***  |
| Are palpitations the primary complaint?  | ***[ ]***  | ***[ ]***  |
| ***An answer of Yes to any of the above questions would deem RACPAC referral inappropriate*.** Please redirect on e-referral to Cardiology. Patients with Heart Failure, new murmurs, valvular heart disease, or a complex medical history with multiple pathologies, should be referred to Cardiology via e-Referral. |
| Women under 40 or men under 30 years old have a very low prevalence of significant CAD and should be referred to the general cardiology clinic through the NHS e-Referrals service unless they have a good anginal history **and** very adverse risk factor profile. |

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| **Clinical history including previous history of cardiovascular disease (mandatory to complete)**      |
| **Relevant Past Medical History**      |

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| **Please select Yes or No** | **Yes** | **No** |  |
| Smoker or ex smoker | ***[ ]***  | ***[ ]***  | Pack years |       |
| Diabetic | ***[ ]***  | ***[ ]***  | Type 1 /2 |       |
| Hypertension | ***[ ]***  | ***[ ]***  | Latest BP reading |       |
| Hyperlipidaemia (Total chol >6.47 mmol/Litre) | ***[ ]***  | ***[ ]***  | Lipid Profile | Total Cholesterol |       |
| HDL |       |
| LDL |       |
| Family History of CAD in relative < 55yrs  |       |

**Current Drug Therapy:**

**Allergies:**

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**Patient Name:**

**Date of birth:**

**NHS number:**

**RACPC clinic notes – PHNT only**

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| **RACPC Date:** |  |
| **Consultant**  |  | **Registrar**  |  |
| **Examination** |
|  |
| If referring for angiography – Is the patient suitable for radial access  | Yes  |  |  |
| No |  |  |
| **ECG** | **Investigations** |
|  |  |
| **Diagnosis** |
|  |
| **Management** |
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| **Outcome – Please Complete** |
| **Discharge**  |  |
| **Referred for outpatient investigation further follow-up on review of result** |  |
| CT coronary angiography |  |
| **Functional Test** |  |
| Myocardial Perfusion Scan |  |
| Stress Echocardiography |  |
| Stress cardiac MRI |  |
| **Referred for outpatient daycase procedure** |  |
| Diagnostic Coronary angiography |  |
| Coronary Angiography +/-Intervention |  |
| ***Further follow-up to be decided pending investigations*** |  |