



Community Cardiology

DIAGNOSTIC ECHOCARDIOGRAM PATHWAY FOR CONFIRMED ATRIAL FIBRILLATION – Referral Form

Date of Request		Date of referral	
Patient Details		GP Details (or stamp)	
Name	Forename Surname	Name	
Address	Patient address	Address	Orchard Croft Medical Centre Cluntergate Horbury Wakefield WF4 5BY
D.O.B.		Tel No.	Registered GP 01924 271016
Hospital Number		Patient venue choice for appointment Please tick one box only to indicate patient preference)	
NHS Number	NHS number	Pinderfields <input type="checkbox"/>	Pontefract <input type="checkbox"/>
Tel No:	Patient home telephone number	Orchard Croft <input type="checkbox"/>	White Rose Surgery (Not yet available)
Mobile Number	Patient mobile telephone number		

Consent to authorise next of kin to arrange appointment (this provides an alternative in cases where the client cannot be contacted directly, to ensure the appointment is arranged in the fastest possible timeframe).

Yes **No**

Brief Medical History (including date on onset, previous CVD, rheumatic heart disease)

Risk Factors	Yes	No		Yes	No
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Oedema	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Cigarette smoking	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Ex-smoker	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Elevated JVP	<input type="checkbox"/>	<input type="checkbox"/>
Basal crackles	<input type="checkbox"/>	<input type="checkbox"/>	Murmur / 3 rd heart sound	<input type="checkbox"/>	<input type="checkbox"/>

Investigation Results			
Hb		ECG (please enclose)	
Cholesterol		Na	
Fasting blood sugar/HbA1c		K+	
Urea		Creatinine	
LFTs		TFT	
Chest X-ray* Chest X-ray (please include date request made)			
*Chest X-Ray results not required PRIOR to echocardiogram but best practice to request			

CHA₂DS₂VASc

			Score
C	CHF	1 Point	
H	Hypertension 160/50	1 Point	
A ₂	Age > 75	2 points	
D	Diabetes	1 point	
S ₂	Stroke/TIA	2 points	
V	Vascular disease PAD aortic plaque	1 point	
A	Age 65 - 74	1 point	
Sc	Sex Female	1 point	
		Total	

Score 2 or more = high risk

Current Drug Therapy (please attach a list of current drugs, including over the counter medication/herbal remedies)

Please POST this form together with the original 12 lead ECG to:

Novus Health, Kings Medical Centre, King Edward Street,
Normanton WF6 2AZ Tel: 01924 898784