

Open Access Echocardiography

Patient Details (or sticker)

Surname:

First Name:

Title: DoB:

Address:

Postcode:

Daytime Tel:

Referring GP (or sticker)

Name:

Address:

Postcode:

Tel:

Any clinical questions please telephone:
020 7188 0973 (GSTT) or 020 3299 4480 (KCH)

Consider hospital referral rather than open access echocardiography:

- Dyspnoea/peripheral oedema with unequivocal signs of cardiac disease
- Heart murmur with symptoms (e.g. exertional dyspnoea, angina or syncope)

Indication:

Suspected heart failure +
abnormal ECG or BNP

Please give BNP level _____

Murmur and no symptoms

AF and age < 65

Other

Give reason

Echocardiography not indicated:

- Dyspnoea/ankle swelling + normal cardiac examⁿ and BNP (+ alternative explanation)
- Soft mid-systolic murmur in an asymptomatic patient with no heart failure and a normal ECG.
- Hypertension already being treated

Signed:

Date:

For referrals to GSTT, Please send or fax to:

Adult Echocardiography, Ground Floor, North Wing, St Thomas' Hospital, London, SE1 7EH

Tel: 020 7188 0973 Fax: 020 7188 1092

For referrals to King's, Please send or fax to:

Adult Echocardiography, Suite 6, Golden Jubilee Wing, King's College Hospital, London SE5 9RS

Tel: 020 3299 4480 Fax: 020 3299 1745

INCOMPLETE FORMS WILL BE RETURNED