the lister hospital
CHELSEA
OUTPATIENT CENTRE
280 kings road

Cardiac & Pulmonary Test Referral Form

Please fax this form to +44 (0)20 7349 3892 or for appointments, call +44 (0)20 7349 3852

PATIENT DETAILS				
TITLE	SURNAME	GENDER (Please tick) MALE ☐	FEMALE ☐	
FORENAME		HOSPITAL NO	DATE OF BIRTH	
ADDRESS				
			POSTCODE	
EMAIL ADDRESS		TEL NO		
APPOINTMENT DETAILS	DATE	TIME		
REFERRER'S DETAILS				
NAME		SIGNATURE		
ADDRESS				
TEL NO	FAX NO	DATE		

CARDIAC TESTS REQUIRED (Please tick)

DEFIBRILLATOR CHECK	☐	7 DAY HOLTER MONITOR	☐
E.C.G	☐	PACEMAKER CHECK	☐
24 HOUR BLOOD PRESSURE	☐	REVEAL INTERROGATION	☐
24 HOUR HOLTER MONITOR	☐	ECHOCARDIOGRAM	☐
48 HOUR HOLTER MONITOR	☐		

PULMONARY TESTS REQUIRED (Please tick)

FULL LUNG FUNCTION	☐	MANNITOL CHALLENGE	☐
SPIROMETRY	☐		

PLEASE INDICATE IF REPORT IS REQUIRED (Please tick)

CLINICAL DETAILS	YES	NO	CLINICAL DETAILS	YES	NO
RECENT MI	☐	☐	PALPITATIONS	☐	☐
CHEST PAIN	☐	☐	RECENT ECG	☐	☐
S.O.B.	☐	☐	ABNORMAL ECG	☐	☐
MURMUR	☐	☐			

INDICATIONS / COMMENTS

PCM-REF

Our GP Liaison department offers GPs, patients and healthcare professionals a fast and efficient referral service to The Chelsea Outpatient Centre's consultants.

280 Kings Road, London, SW3 5AW **t:** +44 (0)20 7881 4114 **w:** www.chelseaoutpatientcentre.com