the lister hospital
CHELSEA
OUTPATIENT CENTRE
280 kings road

Cardiac 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	☐	OTHER	☐

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	☐	☐	CURRENT/EX SMOKER	☐	☐

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