

Date of referral:



XY500940

FSH Rapid Access Chest Pain Clinic Referral

This form is for specialist assessment of patients with new-onset of chest pain.

Please refer patients who do not fulfil these criteria to General Cardiology Outpatient clinics.

Patient name:	GP:
DOB:	Address:
Address:	Tel:
POSTCODE:	Requestor Details
Tel:	Tel:

Patient label if available

Referral Criteria

1. New onset of chest pain likely to be angina (e.g. exertional)
2. Patient with previously stable IHD with recent deterioration of symptoms

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

NB. Patients with suspected Acute Coronary Syndrome should attend ED

Exclusion Criteria (if any present, refer patients to General Cardiology Clinic)

1. Known valvular disease
2. Patients with palpitations, arrhythmias, dizzy spells, or blackouts
3. Uncontrolled hypertension (SBP>180 or DBP>110)
4. Clinical evidence of heart failure

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Language Spoken _____	Interpreter Required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
History	Examination				
Risk Factors	Hypertension <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Hyperlipidaemia <input type="checkbox"/>	Family history IHD <60 years <input type="checkbox"/>	
	TIA / CVA <input type="checkbox"/>	Aspirin Use <input type="checkbox"/>	Never Smoked <input type="checkbox"/>	TIMI Score (NSTEMI) <input type="checkbox"/>	
	Smoking Status; Current <input type="checkbox"/>	Ex-smoker <input type="checkbox"/>			
Past Medical History	Current Medication				
Please attach blood results and any other relevant information (Hb, Cr, lipid profile)	Allergies				
	Resting ECG findings (attach copy)				

Please contact the RACPC nurse on 61521619 if any enquires.

Fax request to 61529762 – **Please ensure forms are fully completed**

A detailed report and management plan will be returned to you following review of the patient.