

Barnsley Hospital NHS Foundation Trust

DEPARTMENT OF CARDIOLOGY RAPID ACCESS CHEST PAIN CLINIC Choose & Book Referral Form

Date:

GP Details

Patient Details

<p>Tel:</p> <p>Practice Code:</p>	<p>Tel:</p> <p>Mobile:</p> <p>Date of Birth:.</p> <p>NHS Number:</p> <p>Unit Number:</p> <p style="text-align: right;">Age:</p>
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LIFESTYLE RISK FACTORS

Smoking Status

Alcohol Consumption

Height / Weight / BMI

O/E - height :

O/E - weight :

Body Mass Index

Family History

Blood Pressure

Able to perform ETT? Yes No

CXR in past 6 months? Yes No

MEDICAL HISTORY

Problems

Active

Significant Past

Consultations

Reason for Referral? ►

CURRENT MEDICATION

Medication

Acute

Repeat

ALLERGIES

INVESTIGATIONS

Lipids

Blood Glucose / HbA1c

Liver Function Tests

Renal / Prostate Function

Haematology

Thyroid Function