**Open Access Echocardiography Service**

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| --- | --- | --- | --- | --- |
| Referral date: <Today's date> |  |  | | |
|  |  |  | | |
| **Patient Details:** |  |  | | |
| Surname: <Patient name> | First Name: <Patient name> | | Gender: <Gender> |
| DOB: <Date of birth> |  |  | | |
| Address: <Patient Address> |  |  | | |
| Patient Tel No: <Patient contact details> | |  | | |
| NHS Number: <NHS number> | Hospital Number: | | | |

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| **GP Details:** |
| Usual GP Practice Name: <GP Details> |
| Organisation Address: <GP Details> |
| Organisation Tel No. <GP Details> |

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| --- | --- | --- | --- | --- |
| **Past Medical History** | | | | |
| IHD | Hypertension | Rheumatic Fever | Diabetes | Other |

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| **Diagnosis:**    <Problems>  <Summary> |

**Medication:**

|  |  |
| --- | --- |
| Acutes | <Medication> |
| Repeats | <Repeat templates> |

|  |  |
| --- | --- |
| **Usual GP Full Name:** <GP Name> | **Practice Stamp:** |

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| Referrals can be made by emailing [cardiology.adminteam@nhs.net](mailto:cardiology.adminteam@nhs.net) or posting to the address below: |
| **Cardiology Department**  **Barnsley Hospital NHS Foundation Trust**  **Gawber Road**  **Barnsley**  **S75 2EP** |