**Open Access Echocardiography Service**

|  |  |  |
| --- | --- | --- |
| 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:       |

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

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

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

**Medication:**

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

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

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