

Barnsley Hospital Heart Failure Diagnostic Clinic – Referral Form

The Barnsley Heart Failure Diagnostic Clinic is a one stop clinic for any patient with signs/symptoms suggestive of Heart Failure but with no previous diagnosis.

PATIENTS KNOWN TO HAVE HEART FAILURE MUST NOT BE REFERRED

PLEASE COMPLETE ALL FIELDS and forward completed referral form to heartfailure.clinic@nhs.net

Cardiac Nurse Practitioner Tel: 01226 434981

Patient Details	Referring GP
Name: <Patient Name> Address: <Patient Address> Postcode: <Patient Address> Tel.No: <Patient Contact Details> Date of Birth: <Date of Birth> NHS Number: <NHS number> Hospital Number: Ethnic Origin: <Ethnicity> (Interpreter yes/no- language?): <input type="checkbox"/> Yes / <input type="checkbox"/> No <Main spoken language>	Name: <GP Name> Address: <Organisation Address> Postcode: <Organisation Address> Practice Code: <Organisation Details> Tel. no: <Organisation Details> Fax no: <Organisation Details> Date of referral: <Today's date>

Clinical History

Active Problems

<Problems>

Current Summary

<Summary>

Last 2 Consultations

<Event Details>

Orthopnoea: Yes / No

PND: Yes / No

Oedema: Yes / No

Pulse regular / Irregular

Cases for referral must satisfy one of the following criteria. If this is not the case, please do not refer to the HF Diagnostic Clinic. Refer to cardiology in the usual manner.

	Tick	Details
The patient has symptoms suggestive of HF, a history of myocardial infarction and an elevated BNP (above 100ng/L)	<input type="checkbox"/>	Date of MI: We plan to see this patient within 2 weeks.

The patient has symptoms suggestive of HF and an elevated BNP (above 400ng/L)	<input type="checkbox"/>	We plan to see this patient within 2 weeks.
The patient has symptoms suggestive of HF and an elevated BNP (above 100ng/L)	<input type="checkbox"/>	We plan to see this patient within 6 weeks

Medication: <Medication> Current Repeat Templates <Repeat Templates>	Baseline observations: BP: <Latest BP> Pulse: (Reg/irreg): Weight: <Latest Weight> Allergies <Allergies & Sensitivities>
---	---

Please complete the following tests prior to referral and provide results below:

DATE: Na: K: Creatinine: Urea: eGFR: FBC: <Numerics> TFT: LFT: Chest X-Ray: <Pathology & Radiology Reports>	A BNP test must also be completed: If < 100ng/L unlikely to be heart failure. Please do not refer to this clinic BNP result:
--	---

<p>Patients must be mobile enough to be able to attend an out-patient clinic. Patients appointments could take 3-4 hours (GP to book transport if required).</p>
