**Department of Cardiology – Open Access ECG**

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| --- | --- | --- |
| **Surname:** | <Patient Name> | **Address:** |
| **First Name(s):** | <Patient Name> | <Patient Address> |
| **NHS Number:** | <NHS number> |
| **Date of Birth:** | <Date of Birth> |
| **Unit Number:** |  |

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| --- |
| **Medication:** |
| <Medication(table)>  <Repeat Templates(table)> |

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| --- | --- | --- |
| **General Practitioner:** | <GP Name> | **Indication for Request:** |
| **Organisation Code:** | <Organisation Details> |  |
| **Name:** | <Organisation Details> |
| **Address:** | <Organisation Address> |

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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** |