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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Direct Access Echocardiography Request Form** | | | | | | | |
|  | | | | | | | |
|  | Patient details |  |  | GP details |  | |  |
|  | Name |  |  | Name |  | |  |
|  | DoB (NB age>18yrs) |  |  | Surgery |  | |  |
|  | NHS number |  |  |  |  | |  |
|  | Address |  |  | Tel |  | |  |
|  | incl. Postcode |  | Fax |  | |  |
|  |  |  | Email |  | |  |
|  |  | Please include your E-mail address if you would like to receive an electronically transmitted report. | | |  |
|  | Tel |  |  |  |
|  |  |  |  |  | |  |  |

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| **A recent 12-lead ECG (within past 3 months) MUST be attached and any previous echo reports if available** |

All suspected cases of heart failure or known cases of heart failure with deteriorating symptoms should be referred to the Heart Failure Service.

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for ECHO Request | | | |
|  | | | |
| * Murmur ?cause | | YES / NO |  |
| * Atrial fibrillation | | YES / NO |  |
| * Hypertension ?LVH | | YES / NO |  |
| * Heart failure scheduled reassessment | | YES / NO |  |
| * Valvular disease reassessment | | YES / NO |  |
| * Other (please state) | | YES / NO |  |
|  | |  |  |
| For all requests please indicate if the patient has suffered from | | | |
| * Hypertension | | YES / NO |  |
| * Coronary artery disease (angina / MI / PCI ± stent / CABG) | | YES / NO |  |
| Please give details |  | | |
|  | | | |
| Notes | | | |

All suspected cases of heart failure or known cases of heart failure with deteriorating symptoms should be referred to the Heart Failure Service.