



Test required	
<input type="checkbox"/> <b>Transthoracic echocardiogram with cardiology consultation</b> Includes a comprehensive transthoracic echocardiogram (TTE), clinical review and opinion - a management plan will be communicated to the referrer. Follow up or onward referral can be arranged, according to referrer preference.  <p style="text-align: center;"><i>Please provide clinical details in the relevant sections above.</i></p>	
<input type="checkbox"/> <b>Stress echocardiogram (exercise or dobutamine)</b> Does the patient take beta blockers? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, we advise patients to stop these 48 hours prior to the test</i> Can the patient walk / jog on a treadmill? <input type="checkbox"/> Yes <input type="checkbox"/> No Can the patient use a static bicycle? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have a pacemaker / defibrillator? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have a contrast allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>Transoesophageal echocardiogram</b> We require a transthoracic echocardiogram (TTE) prior to a transoesophageal echocardiogram (TOE). You can request a TTE using this form. Has the patient had a standard transthoracic echocardiogram?      Yes      No If yes, please advise where this was performed so that we can organise the transfer of the images:  What are the sedation requirements?      Sedation      General Anaesthetic	
Thank you for your referral. If the echocardiogram is abnormal, would you like a cardiologist at Cleveland Clinic London to review the patient? Yes      No Preferred route for results:      Email      Telephone      Post Contact telephone number for communication of urgent findings:	

Additional information	
<b>Contraindications to stress echocardiography</b> <ul style="list-style-type: none"> <li>Severe aortic stenosis</li> <li>Poorly controlled hypertension</li> <li>Unstable angina</li> <li>Recent myocardial infarction</li> <li>Severe pulmonary hypertension</li> <li>High risk of ventricular arrhythmias</li> </ul>	<b>Cautions and contraindications to transoesophageal echocardiography</b> <ul style="list-style-type: none"> <li>Oesophageal stricture or tumour</li> <li>Oesophageal perforation or laceration</li> <li>Oesophageal diverticulum</li> <li>Active upper GI bleed</li> <li>Loose, unstable teeth</li> </ul>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_