

# Non-Invasive Cardiology Request Form



Please complete all known information on this form and email to [CCLREFERRALS@ccf.org](mailto:CCLREFERRALS@ccf.org) or fax to 0207 890 4466

For referral appointments by telephone please call our dedicated Referrals Line on 0203 423 7777

Patient Details	Referrer Details
Title:	Name:
Surname:	Practice name:
First name:	Street address:
Sex:	Postcode:
Date of birth (DD/MM/YYYY):	Telephone No.:
NHS No. (If known):	Email:
Street address:	<b>Payment Details</b>  <input type="checkbox"/> Private Health insurance <input type="checkbox"/> Embassy patient <input type="checkbox"/> Self-Funding
Postcode:	
Telephone/ Mobile:	
Email:	

Clinical Information			
Test Required	<input type="checkbox"/> 24 Hour ECG Holter Monitor <input type="checkbox"/> 48 Hour ECG Holter Monitor <input type="checkbox"/> ZioPatch 72 hr - 14 Days <small>Continuous ECG Holter in a small, discrete patch</small>	<input type="checkbox"/> 24 Hour Blood Pressure Monitor <input type="checkbox"/> Exercise Stress ECG <input type="checkbox"/> Cardiac Device Pacing Check	
Indication for Test:			
Does the patient take beta blockers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can the patient walk / jog on a treadmill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
Pacemaker / Defibrillator / ILR in situ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, please provide manufacturer or confirm patient has device ID card or implanting centre</i>			

Relative contraindications for Exercise Stress ECG	Absolute contraindications for Exercise Stress ECG
<small>(Continue test with caution)</small> <ul style="list-style-type: none"> <li>• PR interval &gt;220ms or resting dropped beats</li> <li>• Resting Right or Left Bundle Branch Block</li> <li>• Known Cardiomyopathy</li> <li>• Resting Left ventricular ejection function 25 - 35%</li> <li>• Significant hypertension at rest &gt;180/90mmHg</li> <li>• Poor walking gait</li> </ul>	<small>(Physiologist must not start the test without consulting requesting GP or seek doctor supervision)</small> <ul style="list-style-type: none"> <li>• Known severe or symptomatic aortic stenosis</li> <li>• Suspected aortic dissection</li> <li>• Resting Left ventricular ejection function &lt;25%</li> <li>• Untreated triple vessel coronary artery disease</li> <li>• Higher grade atrioventricular conduction disease</li> <li>• Fast hear arrhythmia at rest &gt;130bpm</li> <li>• Previous heart attack or coronary intervention &lt;4 weeks</li> <li>• Any major cardiac surgery &lt;6 weeks</li> <li>• Active pulmonary or arterial embolism</li> <li>• Pregnancy (of any duration)</li> </ul>

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