

## Department of Congenital Heart Disease Non-Urgent Referral Form

GP referrals must go through the eRS portal

All other referrers please send all completed forms to: [gst-tr.ELCHPaedCardioReferrals@nhs.net](mailto:gst-tr.ELCHPaedCardioReferrals@nhs.net)

GP referrals sent to this email address will be rejected

### Patient Details

Name	<input type="text"/>	NHS No.	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>		Phone numbers <b>mandatory</b>	<input type="text"/>	
Postcode	<input type="text"/>	Weight (Kg)	Previous GSTT patient? <small>yes/no, GSTT Hospital number if known</small>		

### Clinical Details

Cardiac Diagnosis <small>if known</small>	<input style="width: 100%;" type="text"/>				
Reason for referral	<input style="width: 100%;" type="text"/>				
Clinical history, examination, investigations, family history	<input style="width: 100%; height: 150px;" type="text"/>				
Child Protection Concerns?	<input type="text"/>	If yes, details	<input type="text"/>		
Saturations	<input type="text"/>	Medications	<input type="text"/>		

### Referrers Details

Referring Doctor	<input style="width: 100%;" type="text"/>			
Address of hospital or practice	<input type="text"/>	Contact number	<input type="text"/>	
NHS.net email	<input type="text"/>	Referral date	<input type="text"/>	
Name & grade of doctor completing form	<input type="text"/>			