

Department of Congenital Heart Disease

Urgent Referral Form

It is mandatory to discuss all urgent referrals with the on-call paediatric cardiology registrar

Please contact the on-call registrar via the hospital switchboard (0207 188 7188) before completing this form.

All sections must be completed, or the form will be returned to the sender

Once discussed with Evelina London team and completed please send form to: gst-tr.URGENTEvelinaPaedCardReferral@nhs.net

Patient Details

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

Referral Details

Referral date	Telephone referral time	Registrar / Consultant discussed with	
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Referrers Details

Name & grade of doctor completing form	NHS.net email
Address of GP practice or hospital	Contact number and bleep
Referring Consultant/GP name	

Clinical Details

Cardiac Diagnosis <small>if known</small>	
Reason for referral	
Clinical history, examination, investigations, family history	

Child Protection Concerns?	If yes, details	
Saturations	Medications	