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| --- | --- | --- |
| Patient Information  Hospital number:       Inpatient:  Yes  No  Title:       Surname:  Forename(s):  Address:        Postcode:  Date of birth:     /     /      Gender:  Male  Female  Contact Tel:       Mobile No.:  Email:  Interpreter required:  Yes  No Language:  Appointment Booked:     /     /      Time: | Payment Details  Payment Method:  Insurance  Embassy  Self-Funding  Payment Provider: | |
| **Additional Information**  Patient transport:  Walking  Wheelchair  Infection Risk:  Yes  No Details:    Allergies:  Pregnant:  Yes  No  Oxygen:  Yes  No  Asthma:  Yes  No  Cardiac arrhythmia:  Yes  No  Recent surgery:  Yes  No  Please specify surgery:    Pacemaker, ICD or ILR?  Yes  No  If yes, please provide manufacturer or confirm patient will have their ID card. | |
| **Requested Procedure**  Non-Invasive Echocardiogram  Resting 12 Lead ECG  Echocardiogram  24hr ECG Holter  Exercise Stress Echo  48hr ECG Holter  Pharmacological Stress Echo  72hr ECG Holter  Saline Contrast Study (ex. Shunt)  7 day ECG Holter  Ultrasound Contrast Study  ECG Event Recorder (R Test)  Contrast Transcranial Doppler  24hr Blood Pressure  Exercise Tolerance Test  Cardiopulmonary Exercise Test  Pacing Check |
| **Circle ETT/CPET protocol:** (Bruce protocol applied unless specified)  **Modified RBH Bruce MVO2**  Specify:  Do either of the ETT/CPET tests require a physician to be present?  Yes  No | |
| Clinical Indication for Examination  Please summarise relevant history, clinical findings and previous test results.                  Please indicate the question that the examination aims to answer: | | |
| Referrer name:  GMC:  Address:        Postcode:  Tel:  Email:  **Signature:**  Date:     /     / | | **N.B. This form is a legal document – Referrer’s Declaration**  I have assessed the patient &they meet the criteria for a physiologist led test as per SCST 2008 Guidelines (PTO). The correct patient details have been provided. I have discussed the examination, including any intervention, with the patient / guardian. I have taken into account the possibility of pregnancy I will ensure that the examination results are recorded in the patient’s notes |

RB&HH Cardiology Request Form – July-16 | Copyright © 2016

**Patient referral for ETT, UK SCST Guidelines and Local CPET Protocols**

The following recommendations are for physician referrals to understand national and local guidelines for ETT/CPET testing applicable to Wimpole Street. Prior to any referral a physical examination and full clinical history should be performed by the referring physician with emphasis on excluding absolute contraindications including review of a resting 12 lead ECG. Confirmation of suitability for ETT/CPET must be documented by completing the request form overleaf. If the suitability for test indication is not clear or the test requires doctor supervision, the referring physician may be contacted.

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| --- | --- |
| **Relative Contraindications** | **Absolute Contraindications** |
| **ECG:**   * 1st degree AVB, 2nd degree AVB, wenkebach. * Congenital CHB & WPW. * RBBB/LBBB, Bifasicular/trifasicular block.   **BP:**   * Resting BP <90/50mmHg. * Resting BP >170/100mmHg.   **Valvular/Structural:**   * Mild/moderate AS. * EF 25% - 35%. * PPM/CRTP in situ.   **Screening:**   * Family history of SCD, CRY screening. * Brugada, Long QT screening.   **Other:**   * Patient age <5 years/appropriate height for treadmill (<1m tall) * Orthopedic impairment compromising exercise. * Significant pulmonary hypertension. * Electrolyte abnormalities. * Resting PaO2 < 7.0kPa. | **ECG:**   * Resting 2nd degree AVB, type II (2:1). * Resting CHB (ischemic or degenerative disease). * Resting uncontrolled fast AF/AT/AVRT/AVNRT. * Syncope with VT indication or previous VT ablation. * Known Brugada/ARVC/ARVD/CPVT. * Resting -2mm Horizontal/downsloping ST depression. * LBBB/RBBB for initial diagnostic CAD screening.   **BP**:   * Resting systolic BP >220mmHg or < 70mmHg. * Resting diastolic BP >120mmHg.   **Valvular/Structural:**   * HOCM with significant LVOT gradient, HCM/DCM. * Severe or symptomatic Aortic stenosis. * EF < 25%. * Untreated triple vessel disease or left main stem disease. * Suspected aortic dissection.   **Other:**   * STEMI & NSTEMI or PCI < 4 weeks. * Any major cardiac surgery < 6 weeks. * Percutaneous device closure or valve implant < 4 weeks. * Pericarditis < 2 weeks or diagnosed PE < 7 days. * Arterial or venous thrombus/LV clot. * NYHA III/IV, Respiratory failure. * Active endocarditis, myocarditis, pericarditis. * Uncontrolled asthma, Heart Failure, Pulmonary Odema. * Acute non-cardiopulmonary disorder aggravated by exercise. * Mental impairment with inability to cooperate. * Stress echo < 2 hours prior. * Pregnancy (of any week’s term). |