

# Cardiology Examination Request



77 Wimpole Street | Outpatients and Diagnostics  
 Tel: 020 7351 8186 | Email: rbh-tr.diagnosticwimpole@nhs.net

Royal Brompton & Harefield Hospitals

<p><b>Patient Information</b></p> <p>Hospital number: .....</p> <p>Title: ..... Surname: .....</p> <p>Forename(s): .....</p> <p>Address: .....</p> <p style="text-align: right;">Postcode: .....</p> <p>Date of birth: ..../..../..... Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Contact Tel: ..... Mobile No.: .....</p> <p>Email: .....</p> <p>Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No Language: .....</p> <p>Appointment Booked: ..../..../..... Time: .....</p>	<p><b>Payment Details</b></p> <p>Payment Method: <input type="checkbox"/> Insurance <input type="checkbox"/> Embassy <input type="checkbox"/> Self-Funding</p> <p>Payment Provider: .....</p>		
<p><b>Requested Procedure</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top; padding: 5px;"> <p><b>Non-Invasive</b></p> <p><input type="checkbox"/> Resting 12 lead ECG</p> <p><input type="checkbox"/> 24hr ECG Holter</p> <p><input type="checkbox"/> 48hr ECG Holter</p> <p><input type="checkbox"/> 72hr ECG Holter</p> <p><input type="checkbox"/> 7 day ECG Holter</p> <p><input type="checkbox"/> ECG event recorder (R Test)</p> <p><input type="checkbox"/> 24hr Blood Pressure</p> <p><input type="checkbox"/> Exercise Tolerance Test</p> <p><input type="checkbox"/> Cardiopulmonary Exercise Test</p> </td> <td style="width:50%; vertical-align: top; padding: 5px;"> <p><b>Echocardiogram</b></p> <p><input type="checkbox"/> Echocardiogram</p> <p><input type="checkbox"/> Exercise Stress Echo</p> <p><input type="checkbox"/> Pharmacological Stress Echo</p> <p><input type="checkbox"/> Saline Contrast Study (ex. Shunt)</p> <p><input type="checkbox"/> Ultrasound Contrast Study</p> <p><input type="checkbox"/> Contrast Transcranial Doppler</p> </td> </tr> </table>	<p><b>Non-Invasive</b></p> <p><input type="checkbox"/> Resting 12 lead ECG</p> <p><input type="checkbox"/> 24hr ECG Holter</p> <p><input type="checkbox"/> 48hr ECG Holter</p> <p><input type="checkbox"/> 72hr ECG Holter</p> <p><input type="checkbox"/> 7 day ECG Holter</p> <p><input type="checkbox"/> ECG event recorder (R Test)</p> <p><input type="checkbox"/> 24hr Blood Pressure</p> <p><input type="checkbox"/> Exercise Tolerance Test</p> <p><input type="checkbox"/> Cardiopulmonary Exercise Test</p>	<p><b>Echocardiogram</b></p> <p><input type="checkbox"/> Echocardiogram</p> <p><input type="checkbox"/> Exercise Stress Echo</p> <p><input type="checkbox"/> Pharmacological Stress Echo</p> <p><input type="checkbox"/> Saline Contrast Study (ex. Shunt)</p> <p><input type="checkbox"/> Ultrasound Contrast Study</p> <p><input type="checkbox"/> Contrast Transcranial Doppler</p>	<p><b>Additional Information</b></p> <p>Patient transport: <input type="checkbox"/> Walking <input type="checkbox"/> Wheelchair</p> <p>Infection Risk: <input type="checkbox"/> Yes <input type="checkbox"/> No Details: .....</p> <p>.....</p> <p>Allergies: .....</p> <p>Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Oxygen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cardiac arrhythmia: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Recent surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please specify surgery: .....</p> <p>.....</p> <p>Pacemaker, ICD or ILR? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, please provide manufacturer or confirm patient will have their ID card.</b> .....</p>
<p><b>Non-Invasive</b></p> <p><input type="checkbox"/> Resting 12 lead ECG</p> <p><input type="checkbox"/> 24hr ECG Holter</p> <p><input type="checkbox"/> 48hr ECG Holter</p> <p><input type="checkbox"/> 72hr ECG Holter</p> <p><input type="checkbox"/> 7 day ECG Holter</p> <p><input type="checkbox"/> ECG event recorder (R Test)</p> <p><input type="checkbox"/> 24hr Blood Pressure</p> <p><input type="checkbox"/> Exercise Tolerance Test</p> <p><input type="checkbox"/> Cardiopulmonary Exercise Test</p>	<p><b>Echocardiogram</b></p> <p><input type="checkbox"/> Echocardiogram</p> <p><input type="checkbox"/> Exercise Stress Echo</p> <p><input type="checkbox"/> Pharmacological Stress Echo</p> <p><input type="checkbox"/> Saline Contrast Study (ex. Shunt)</p> <p><input type="checkbox"/> Ultrasound Contrast Study</p> <p><input type="checkbox"/> Contrast Transcranial Doppler</p>		
<p><b>Clinical Indication for Examination</b></p> <p>Please summarise relevant history, clinical findings and previous test results.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Please indicate the question that the examination aims to answer: .....</p> <p>.....</p> <p>.....</p>			
<p>Referrer name: .....</p> <p>GMC: .....</p> <p>Address: .....</p> <p style="text-align: right;">Postcode: .....</p> <p>Tel: .....</p> <p>Email: .....</p> <p><b>Signature:</b> .....</p>	<p><b><u>N.B. This form is a legal document – Referrer's Declaration</u></b></p> <p>I have assessed the patient &amp; 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</p> <p>Date: ..../..../.....</p>		

## 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.

Relative Contraindications	Absolute Contraindications
<p><b>ECG:</b></p> <ul style="list-style-type: none"> <li>1<sup>st</sup> degree AVB, 2<sup>nd</sup> degree AVB, wenkebach.</li> <li>Congenital CHB &amp; WPW.</li> <li>RBBB/LBBB, Bifasicular/trifasicular block.</li> </ul> <p><b>BP:</b></p> <ul style="list-style-type: none"> <li>Resting BP &lt;90/50mmHg.</li> <li>Resting BP &gt;170/100mmHg.</li> </ul> <p><b>Valvular/Structural:</b></p> <ul style="list-style-type: none"> <li>Mild/moderate AS.</li> <li>EF 25% - 35%.</li> <li>PPM/CRTP in situ.</li> </ul> <p><b>Screening:</b></p> <ul style="list-style-type: none"> <li>Family history of SCD, CRY screening.</li> <li>Brugada, Long QT screening.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>Patient age &lt;5 years/appropriate height for treadmill (&lt;1m tall)</li> <li>Orthopedic impairment compromising exercise.</li> <li>Significant pulmonary hypertension.</li> <li>Electrolyte abnormalities.</li> <li>Resting PaO<sub>2</sub> &lt; 7.0kPa.</li> </ul>	<p><b>ECG:</b></p> <ul style="list-style-type: none"> <li>Resting 2<sup>nd</sup> degree AVB, type II (2:1).</li> <li>Resting CHB (ischemic or degenerative disease).</li> <li>Resting uncontrolled fast AF/AT/AVRT/AVNRT.</li> <li>Syncope with VT indication or previous VT ablation.</li> <li>Known Brugada/ARVC/ARVD/CPVT.</li> <li>Resting -2mm Horizontal/downsloping ST depression.</li> <li>LBBB/RBBB for initial diagnostic CAD screening.</li> </ul> <p><b>BP:</b></p> <ul style="list-style-type: none"> <li>Resting systolic BP &gt;220mmHg or &lt; 70mmHg.</li> <li>Resting diastolic BP &gt;120mmHg.</li> </ul> <p><b>Valvular/Structural:</b></p> <ul style="list-style-type: none"> <li>HOCM with significant LVOT gradient, HCM/DCM.</li> <li>Severe or symptomatic Aortic stenosis.</li> <li>EF &lt; 25%.</li> <li>Untreated triple vessel disease or left main stem disease.</li> <li>Suspected aortic dissection.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>STEMI &amp; NSTEMI or PCI &lt; 4 weeks.</li> <li>Any major cardiac surgery &lt; 6 weeks.</li> <li>Percutaneous device closure or valve implant &lt; 4 weeks.</li> <li>Pericarditis &lt; 2 weeks or diagnosed PE &lt; 7 days.</li> <li>Arterial or venous thrombus/LV clot.</li> <li>NYHA III/IV, Respiratory failure.</li> <li>Active endocarditis, myocarditis, pericarditis.</li> <li>Uncontrolled asthma, Heart Failure, Pulmonary Odema.</li> <li>Acute non-cardiopulmonary disorder aggravated by exercise.</li> <li>Mental impairment with inability to cooperate.</li> <li>Stress echo &lt; 2 hours prior.</li> <li>Pregnancy (of any week's term).</li> </ul>