



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

GP referrals must use the NHS digital e-referral service <a href="https://digital.nhs.uk/services/e-referral-service">https://digital.nhs.uk/services/e-referral-service</a>
Please note all sections must be completed, or the form will be returned to the sender.

Once the form is completed please send to: <a href="mailto:nuth.referrals-nencchdn@nhs.net">nuth.referrals-nencchdn@nhs.net</a>

Patient Details		
Name:		NHS Number:
Date of birth:		Gender:
Phone Number (Mandatory):		
Address:		
Postcode:		Weight:
Previous FH patient:		FRH MRN if Known:
Clinical Details		
Cardiac Diagnosis (if known):		
Reason for Referral:		
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Clinical History,		
Examination,		
Investigations and		
Family History:		
Pulses:	Yes: $\square$ No: $\square$	
Murmur:	Yes: $\square$ No: $\square$	
Difficulty Feeding:	Yes: $\square$ No: $\square$	
Increased work of breathing:	Yes: $\square$ No: $\square$	
<b>Child Protection Concerns:</b>		If yes, details:
Saturations:		
Medications:		
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Referral Details		
Referral Date:		
Referrer's Details		
Name of doctor completing form	:	Grade:
NHS Net E-Mail:		
Address of GP Practice or Hospital:		
Contact Number (Ext or Bleep):		Referring Consultant/GP Name: