

## 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 on-call paediatric cardiology via the hospital switchboard (0191 2336161) before completing this form. Please note all sections must be completed, or the form will be returned to the sender. Once discussed with on-call paediatric cardiology and the form is completed please send to: <u>nuth.referrals-nencchdn@nhs.net</u>	
Patient Details	
Name:	NHS Number:
Date of birth:	Gender:
Phone Number (Mandatory):	
Address:	
Postcode:	Weight:
Previous FH patient:	FRH MRN if Known:
Referral Details	
Referral Date:	Telephone Referral Time:
Registrar / Consultant discussed with:	
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:
Clinical Details	
Cardiac Diagnosis (if known):	
Reason for Referral:	
Clinical History,	
Examination,	
Investigations and	
Family History:	
Pulses: Yes: No:	
Murmur: Yes: 🗆 No: 🗆	
Difficulty Feeding: Yes:□ No:□	
Increased work of breathing: Yes: No:	
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Child protection concerns:	If yes, details:
Saturations: Medications:	