

ROTHERHAM GENERAL HOSPITAL  TRUST

RAPID ASSESSMENT CHEST PAIN CLINIC - PATIENT REFERRAL FORM

ONLY NEW ONSET CARDIAC CHEST PAIN SHOULD BE REFERRED

Patient Details	Title	Male / Female	D.o.B. / /
Forename		
Surname		
Address		
Postcode		
	Tel No. Home	Tel No. Work	
	NHS No.	RDGH No.....	

Please give my patient an appointment to be seen in the Rapid Assessment Chest Pain Clinic

Brief History of current chest pain:

Current list of medications: Please attach a list

Eligible patients for RACPC:

1. New presentation of cardiac chest pain of <4 weeks duration
2. Male >30 years and Female > 40 years of age

Please do not refer the following patients to RACPC:

1. Previous H/O angina, MI, PCI, CABG, Valve surgery
2. Previous attendance to RACP
3. Acute Coronary Symptoms
4. Co-Morbidities eg. Cancer

<p><u>Please fax and post this referral letter –</u></p> <p>01709 427669</p> <p>RACPC Medical Physics Level A Rotherham General Hospital NHS Trust Moorgate Road Rotherham S60 2 UD</p>	<p><u>Patient's Information –</u></p> <p>Please ring this number for an appointment 01709 427670 and note it down below.</p> <p>Date and time of the appointment:</p>
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<p>Please enclose a recent 12 lead ECG if available</p> <p>Date of ECG / /</p> <p>Print out of medication attached Yes / No</p> <p>Name & Signature</p> <p>Date / / Time</p>	<p>Practice stamp</p>
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To be completed by the Data Team:

Date received / /

Date of first appointment / /