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| **Direct Access Echocardiography Request Form** |
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|  | Patient details |  |  | GP details |  |  |
|  | Name |  |  | Name |  |  |
|  | DoB (NB age>18yrs) |  |  | Surgery |  |  |
|  | NHS number |  |  |  |  |  |
|  | Address |  |  | Tel |  |  |
|  | incl. Postcode |  | Fax |  |  |
|  |  |  | Email |  |  |
|  |  | Please include your E-mail address if you would like to receive an electronically transmitted report. |  |
|  | Tel |  |  |  |
|  |  |  |  |  |  |  |

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| **A recent 12-lead ECG (within past 3 months) MUST be attached and any previous echo reports if available** |

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| Reason for ECHO Request |
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| * Suspected new heart failure diagnosis\*
 | YES / NO | **Please enter NT-proBNP result:** |  |  |
| * Murmur ?cause
 | YES / NO |  |
| * Atrial fibrillation
 | YES / NO |  |
| * Hypertension ?LVH
 | YES / NO |  |
| * Heart failure reassessment
 | YES / NO |  |
| * Valvular disease reassessment
 | YES / NO |  |
| * Other (please state)
 | YES / NO |  |
|  |  |  |
| For all requests please indicate if the patient has suffered from |
| * Hypertension
 | YES / NO |  |
| * Coronary artery disease(angina / MI / PCI ± stent / CABG)
 | YES / NO |  |
| Please give details |  |
|  |
| Notes |
| \*Please check NT pro-BNP levels prior to referral for a community ECHO for heart failure. A diagnosis of heart failure is very unlikely with a normal NT-proBNP result and an echo should not be requested. |
| NT pro-BNP levels are age specific. Raised levels: | age <60  | =>100pg/ml |
| age 60-75 | =>200pg/ml |
| age >75 | =>400pg/ml |
| If there is a history of proven MI and/or NT-proBNP ≥ 2000 please refer direct to Rapid Access Heart Function Clinic, via the RMS (no need to request echo first) |