Echocardiography Request Form

Cleveland Clinic
London

Please complete all known information on this form and email to CCLREFERRALS@ccf.org or fax to 0207 890 4466

For referral appointments by telephone please call our dedicated Referrals Line on 0203 423 7777

Patient Details	**Referrer Details**
Title:	Name:
Surname:	Practice name:
First name:	Street address:
Sex:	Postcode:
Date of birth (DD/MM/YYYY):	Telephone No.:
NHS No. (If known):	Email:
Street address:	**Payment Details**
Postcode:	
Telephone/ Mobile:	☐ Private Health insurance ☐ Embassy patient ☐ Self-Funding
Email:	

Clinical information

Indication for test:

Does the patient have symptoms? ☐ Yes ☐ No

If yes, please describe

Previous cardiac history:

Patient weight (kg): Patient height (cm):

Does the patient have any allergies? ☐ Yes ☐ No

If yes, please describe

Are there any accessibility / mobility concerns? ☐ Yes ☐ No

If yes, please describe

When is the test required? ☐ < 24 hours ☐ 1 - 3 days ☐ 1 - 2 weeks ☐ Other:

If you would like to discuss this referral with a cardiology consultant or senior cardiac physiologist, please phone 0203 423 7102.

Test required

☐ **Standard transthoracic echocardiogram with clinical comment**

- ☐ Murmur / Suspected valve disease
- ☐ Palpitations
- ☐ Abnormal ECG
- ☐ Suspected heart failure symptoms / elevated BNP
- ☐ Shortness of breath
- ☐ Atrial Fibrillation
- ☐ Hypertension
- ☐ Chest pain / coronary disease
- ☐ Other - please outline in clinical information above

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☐ **Transthoracic echocardiogram with cardiology consultation**

Includes a comprehensive transthoracic echocardiogram (TTE), clinical review and opinion - a management plan will be communicated to the referrer. Follow up or onward referral can be arranged, according to referrer preference.

Please provide clinical details in the relevant sections above.

☐ **Stress echocardiogram (exercise or dobutamine)**

Does the patient take beta blockers?	☐ Yes*	☐ No	**If yes, we advise patients to stop these 48 hours prior to the test*
Can the patient walk / jog on a treadmill?	☐ Yes	☐ No	
Can the patient use a static bicycle?	☐ Yes	☐ No	
Does the patient have a pacemaker / defibrillator?	☐ Yes	☐ No	
Does the patient have a contrast allergy?	☐ Yes	☐ No	

☐ **Transoesophageal echocardiogram**

Has the patient had a standard transthoracic echo? ☐ Yes ☐ No

If yes, please advise where this was performed so that we can organise transfer of the images:

Thank you for your referral. If the echocardiogram is abnormal, would you like a cardiologist at Cleveland Clinic London to review the patient?

☐ Yes ☐ No

Preferred route for results: ☐ Email ☐ Telephone ☐ Post

Contact telephone number for communication of urgent findings:

Additional information

Contraindications to stress echocardiography

- Severe aortic stenosis
- Poorly controlled hypertension
- Unstable angina
- Recent myocardial infarction
- Severe pulmonary hypertension
- High risk of ventricular arrhythmias

Cautions and contraindications to transoesophageal echocardiography

- Oesophageal stricture or tumour
- Oesophageal perforation of laceration
- Oesophageal diverticulum
- Active upper GI bleed
- Loose, unstable teeth

Signature: _____ Date: _____