**Heart Failure Referral Form**

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| **Patient name:**  **Address:**  **AUTO POPULATE**  **Phone:**  **NHS No:**  **DOB:** | **GP name:**  **Address:**  **AUTO POPULATE**  **Borough:**  **Phone:** |

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| **Supporting reasons for referral** - please tick:  Breathlessness Fluid overload Fatigue    Known heart failure - deterioration in symptoms (include echo report if available)    Other Summary :  **Current consultation:**  **AUTO POPULATE** | |
| **NT-proBNP**: **AUTO POPULATE**  *Required for new referrals and should also be considered to determine urgency of referral for patients already known to the Heart Failure Service*  If NT-proBNP is normal it is unlikely to be heart failure. Please look for other causes. | |
| **Attached GP summary with medication:**  **AUTO POPULATE**  **Please include any relevant documentation** | **Referrer’s details and phone number:**  **AUTO POPULATE**  **Date:** |