**Paediatric Cardiology urgent referral form**

*For urgent referrals please fill in this form and send to paedcardreferral@uhbw.nhs.uk*

*Once sent, call via Bristol Royal Hospital for Children switchboard on 01179230000 and speak with the Paediatric cardiology consult registrar (bleep 2424). Please note the urgent referral inbox is not routinely monitored and any emails sent will only be read once you have spoken with the Paediatric cardiology consult registrar. Make sure all fields are completed, as missing fields will prevent us from uploading documentation to our electronic medical record. This form should only be used for urgent inpatient referrals and should not be used for non-urgent or outpatient/clinic referrals.*

**Referral Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor receiving referral: | Name of receiving Doctor | | |
| Referral date | Date of referral | Referral time | Time of referral |
|  |  | | |
| Referring Hospital | Referring Hospital | | |
| Referring Doctor | Name of referring Doctor | Bleep/Contact No | Contact details |
|  |  | | |
| Email of referring Doctor | Email of referring doctor | | |

**Patient Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Patient name | | | NHS number | NHS Number |
|  |  |  |  |  |  |
| Date of Birth | DOB | Birth weight | Birth weight | Current weight | Correct weight |
|  |  | | | | |
| Patient Address | Patient address | | | | |
| Parent / Carer Name | Name of primary carer | | | Carer contact number | Carer mobile number |
|  |  | | | | |
| GP Name and Address | GP details are ESSENTIAL | | | | |

**Details of current episode**

|  |  |
| --- | --- |
| History of presenting complaint | Presenting symptoms |
|  |  |
| Antenatal history | Antenatal history |
|  |  |
| Past history | Past History |
|  |  |
| Medications | Medications |
|  |  |
| Obs. and exam findings | Observations and exam findings |
|  |  |
| Relevant Investigations and results | Investigation results |

|  |
| --- |
| **Reason for referral?** |
| Reason for referral |
|  |