

Paediatric Cardiology Referral Form

Please complete all section of this form. If a structural cardiac lesion is suspected the baby should be reviewed by a senior prior to referral. Referrals should be referred to the cardiology consultant of the day, and any urgent cases must be discussed by telephone. Please fax this form to the relevant secretary, and place the appropriate slip from the bottom of this form in the audit box (Jan-April 2010).

Secretaries (Fax): Dr Blackburn 25783 Dr Dickson 25773 Dr Gibbs 25757 Dr Parsons 25748

Dear Doctor,

Date: _____

Please would you see this baby who has a suspected cardiological problem. The clinical details are given below. Please fill in the slip at the bottom of this form.

Thank you for your assistance,

Referring Doctor: _____

Consultant: _____

Hospital: LGI / St James's Ward:

Patient Sticker or Name Unit Number D.O.B
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Pulse Oximetry Saturation

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Clinical History

Age (hrs): Gestation: Birthweight:

Pregnancy Complications:

Antenatal scan: **Normal / Abnormal** (specify)

Relevant Family History:

Clinical Features

General Condition: **Well, no Symptoms / Mild Symptoms / Severe Symptoms**

Heart Sounds : **Normal / Abnormal** (specify).....

Heart Murmur: _____ Loudest at: Radiates to:.....

Apex Beat: **Normal / Abnormal** (specify).....

Brachial Pulses: **Normal / Abnormal**

Femoral Pulses: **Normal / Abnormal**

Respiratory Signs: **Normal / Abnormal**

Colour: **Normal / Cyanosed**

To be filled in by Paediatric Cardiologist

Date: Time:

Ref 2.

Cardiac Abnormality:

If yes please give details:

Yes

No

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.....
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To be filled in by referring Doctor

Date: Time:

Ref 2.

Pulse Oximetry Saturations

Referred to NICU? Y / N

History of Note:

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