|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Hospital No:** |  |
| **DoB:** |  |
| **Preferred site:** | **KCH Canterbury  QEQM Margate  WHH Ashford** |
| **Date:** |  |
| **Ward / Clinic / Surgery** |  |
| **Requesting Consultant / GP** |  |
| **Relevant medication:** |  |
| **ECG** (GP OPEN ACCESS 9am – 4.30pm WHH ONLY) |  |
| **24HR ECG MONITOR** |  |
| **3/5/7 DAY ECG MONITOR** (CONSULTANT ACCESS KCH ONLY) |  |
| **24HR BP MONITOR** |  |
| **EVENT MONITOR** |  |
| **PACEMAKER CHECK** |  |
| **RELEVANT CLINICAL DETAILS:** |  |
| **DOCTOR’S SIGNATURE:** |  |
| **PRINT NAME:** |  |

**Outpatient request for cardiac intervention**