# **Request for echocardiogram**

Please do not request this investigation if the patient has had a previous echo and there has been no clinical change in the patient’s condition.

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **Hospital number** |  |
| **Date of birth** |  |
| **Preferred site** | K&C, Canterbury  QEQM, Margate  WHH, Ashford |
| **Date** |  |
| **Ward / Clinic / Surgery** |  |
| **Requesting Consultant / GP** |  |
| **Bleep / Pager number** |  |
| **ECG date** |  |
| **ECG results** |  |
| **If abnormal, please summarise** |  |
| **Previous echo** |  |
| **Result of previous echo** |  |
| **Date of previous echo** |  |
| **Can this test be done as an outpatient?** |  |
| **For in-patients, will the patient require** | Chair  Trolley  Bed |
| **Is echo request urgent?** | Yes  No |
| **Investigation of heart murmur:** | Clinical findings: |
| **Investigation of heart failure** | Clinical findings: |
| **BNP result (when available)** |  |
| **Chest x-ray result** |  |
| **Valve info** | Native  Prosthetic  Tissue |
| **Other – please specify** |  |
| **Medication** |  |
| **Doctors signature** |  |
| **Print name** |  |

Please remember that if the ECG, BNP (when available) and CXR are normal and there are no clinical signs of heart disease, then the echo will most probably be normal also.

Please use this resource responsibly as inappropriate referrals will delay diagnosis for all.