



Heart Failure Open Access Echo Service Proforma

Please send the completed form **with ECG** to Cardio Respiratory Department, Scarborough Hospital

Patient Details

Name: _____

Sex: _____

DOB: _____

Hospital Number: _____

Address: _____

Requesting GP: _____

GP Practice: _____

Referral Criteria

1. **Clinical Heart Failure**
2. **Risk factors for Heart Failure:** Hypertension Previous AMI Angina Alcohol excess
3. **Date of Onset:** **or date became worse:**
4. **Abnormal ECG:** (see List) YES NO (**Obligatory. MUST accompany referral**)
Atrial fibrillation, Left axis deviation, Bundle branch block, Previous MI (Q waves), LVH
5. **CXR Report** required with normal ECG

BNP result: Not required BNP Level Normal Abnormal

Echo Findings

- Echo not performed ECG + BNP normal
- Normal left ventricular systolic function (echo does not support diagnosis of heart failure)
- Mild left ventricular systolic dysfunction (echo does not support diagnosis of heart failure)
- Moderate left ventricular dysfunction (supports the diagnosis of heart failure)*
- Severe left ventricular dysfunction (supports the diagnosis of heart failure)*
- Other significant cardiac abnormalities (see attached echo report). Please refer reports to a cardiologist

Scanned and reported by: _____

Date: _____

*Fast Track to clinic