RAPID ACCESS CLINIC FOR NEW SUSPECTED HEART FAILURE Via eRS

PLEASE SEE REFERRAL GUIDELINES OVERLEAF

For patients with known heart failure with assessment in last 12 months, please optimise as per Dorset Heart Failure Pathway or refer to Community HFSN team [dhc.dorset.heartfailure@nhs.net](mailto:dhc.dorset.heartfailure@nhs.net).

If you wish to discuss your patient in the Heart Failure MDT instead then please email [HeartFailure.Service@UHD.nhs.uk](mailto:HeartFailure.Service@UHD.nhs.uk) for UHD or [HeartFailureDHC@DCHFT.nhs.uk](mailto:HeartFailureDHC@DCHFT.nhs.uk) for Dorchester

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| --- | --- | --- | --- |
| **PATIENT DETAILS** | | **GP DETAILS** | |
| Name |  | Name |  |
| Date of Birth |  | Surgery |  |
| Address |  | Address |  |
| Telephone |  | Telephone |  |
| NHS Number |  | Date of Referral |  |
| **NT-Pro-BNP LEVEL** (please write the number here):  **(Do not use NTproBNP level for heart failure monitoring – only if new HF suspected)**  **Frailty Score** (Clinical Frailty Scale): .  (If CFS > 6 please consider alternative pathway or empirical diuretic treatment) | |  | |
| **Symptoms**  Breathlessness  PND  Ankle swelling  Orthopnoea | | **Examination findings**  Raised JVP  Lung crepitations (if chest signs consider CXR)  Oedema/Ascites  **BP ; HR ; sO2** . | |
| **Relevant past medical history**  Hypertension  Atrial Fibrillation  Coronary artery bypass grafts  PCI/Angioplasty  Known heart valve disease  Diabetes  History of Myocardial Infarction | | **Investigations (needed in ALL cases)**  Is the ECG attached?  Is the drug list and past medical history attached?  Have baseline bloods been sent?  (FBC, U&E, LFT, T4,TSH +/- Lipids) | |