**Heart Failure Referral Form**

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| **Patient name:****Address:** **AUTO POPULATE****Phone:****NHS No:****DOB:** | **GP name:****Address:** **AUTO POPULATE****Borough:** **Phone:** |

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| **Supporting reasons for referral** - please tick: Breathlessness Fluid overload Fatigue   Known heart failure - deterioration in symptoms (include echo report if available)   Other Summary : **Current consultation:****AUTO POPULATE** |
| **NT-proBNP**: **AUTO POPULATE** *Required for new referrals and should also be considered to determine urgency of referral for patients already known to the Heart Failure Service*If NT-proBNP is normal it is unlikely to be heart failure. Please look for other causes. |
| **Attached GP summary with medication:**  **AUTO POPULATE****Please include any relevant documentation** | **Referrer’s details and phone number:** **AUTO POPULATE****Date:** |