LONDON HEART CLINIC

CARDIOLOGY & RESPIRATORY DIAGNOSTIC TEST REQUEST FORM

TELEPHONE: 020 3330 0033 EMAIL: REFERRALS@LONDONHEARTLUNGCLINIC.COM

PATIENT ID .....

PATIENT NAME .....

D.O.B. ... / ... / ... M ☐ F ☐

CONTACT NO. .....

EMAIL .....

AFFIX LABEL HERE ↑

CONSULTANT .....

DATE OF REFERRAL ... / ... / ...

SIGNATURE

.....

EMAIL FOR RESULTS .....

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CLINICAL DETAILS (PLEASE INCLUDE SYMPTOMS, SUSPECTED DIAGNOSIS, AND RELEVANT CLINICAL HISTORY)

CARDIOLOGY

☐ RESTING ECG	☐ ECHOCARDIOGRAM
☐ EXERCISE ECG BRUCE / MODIFIED	☐ BUBBLE SALINE ECHOCARDIOGRAM
CONTINUOUS ECG MONITOR	☐ TREADMILL STRESS ECHOCARDIOGRAM
☐ 24HR ☐ 48HR ☐ 72HR ☐ 7DAY	☐ DOBUTAMINE STRESS ECHOCARDIOGRAM
☐ ZIO PATCH 7 / 14 DAYS	☐ ANKLE-BRACHIAL INDEX WITH / WITHOUT TREADMILL
☐ 24-HOUR AMBULATORY BP MONITOR	☐ TILT TEST
☐ 12-LEAD ECG MONITOR	☐ AUTONOMIC FUNCTION TEST

RESPIRATORY

☐ SPIROMETRY	☐ CAPILLARY BLOOD GASES
☐ SPIROMETRY WITH REVERSIBILITY (400MCG SALBUTAMOL)	☐ RESPIRATORY MUSCLE STRENGTH (MIP & MEP)
☐ LUNG FUNCTION TEST (NO LUNG VOL.)	☐ 1 MINUTE SIT-TO-STAND
☐ LUNG FUNCTION TEST (LUNG VOL.)	☐ CARDIOPULMONARY EXERCISE TEST
☐ FENO (FORCED EX. NITRIC OXIDE)	☐ SLEEP STUDY/OXIMETRY
☐ BRONCHIAL CHALLENGE TEST MANNITOL / METHACHOLINE	