NEW VICTORIA HOSPITAL

CARDIAC INVESTIGATIONS REQUEST FORM

Telephone Enquiries: 020 8949 9030 Fax: 020 8949 9032 Email: imaging@newvictoria.co.uk

Referring Clinician:	Surname:	DOB:
Address:	First Name:	
	Address:	
	Post Code:	
Fax No (for results):	Tel No:	
Tel No:	Insurance Company:	Policy No:

Clinical Information:

Medication:

Patient Transport:

- Inpatient ☐
- Room No ....
- Walking ☐
- Chair ☐
- Bed ☐

Presenting Symptoms:

- Recent MI ☐
- Chest pain ☐
- Shortness of breath ☐
- Cardiac Murmur ☐
- Palpitations ☐
- Abnormal ECG ☐

Examination(s) Required:

- Resting 12 lead ECG ☐
- 24 hour ECG monitor ☐
- 48 hour ECG monitor ☐
- 7-14 day ECG monitor ☐
- 24 hour blood pressure monitor ☐
- Transthoracic Echocardiogram ☐
- Exercise Treadmill Test ☐

For Cardiac Investigations Department Use Only

Appointment Information

Date: ....

Time: ....

Stress Echocardiogram

1. Treadmill ☐
2. Dobutamine ☐

Patient on Beta-blocker Yes ☐ No ☐

Beta-blocker stopped for 48hrs prior Yes ☐ No ☐

Comments:

Requesting Physician

Signature: .... Date: ....