

# CARDIOPTIMUM CARDIOVASCULAR INVESTIGATION REQUEST FORM

Bookings and payment: [www.cardioptimum.co.uk](http://www.cardioptimum.co.uk)

Tel 0207 971 1223

Email [info@cardioptimum.co.uk](mailto:info@cardioptimum.co.uk)

Account Settled

<p><b><u>Patient Details</u></b></p> <p>Surname:</p> <p>Given Name:</p> <p>Address:</p> <p>DOB:</p>	<p><b><u>Referrer Details</u></b></p> <p>Name:</p> <p>Address:</p> <p>GMC No:</p> <p>Phone:</p>
<p><b>Phone for booking:</b></p>	<p><b>Email for report:</b></p>

**Clinical Indication**

**Preferred Reporter**

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**Investigation Requested:**

- |  |  |
|--|--|
| <input type="checkbox"/> Echocardiogram    | <input type="checkbox"/> 24Hr ECG Monitor  |
| <input type="checkbox"/> 48Hr ECG Monitor  | <input type="checkbox"/> 72Hr ECG Monitor  |
| <input type="checkbox"/> 5 day ECG Monitor | <input type="checkbox"/> 7 day ECG Monitor |
| <input type="checkbox"/> 12 lead ECG       | <input type="checkbox"/> 24Hr BP Monitor   |

**Referrers Declaration**

- The correct details have been provided
- I have discussed the examination including any intervention
- I have taken into account the possibility of pregnancy
- There are no known contraindications to performing the requested investigations
- I understand that the results will be forwarded to the email address supplied above
- I will ensure the examination results are recorded in the patients notes
- The requesting and interpretation of clinical reports including resultant clinical management and follow up remain the responsibility of the requesting physician

**Referrers signature** \_\_\_\_\_ **Date** \_\_\_\_\_