East Kent Hospitals University NHS
NHS Foundation Trust

Indicate site for referral: KCH Canterbury ☐
QEQM Margate ☐
WHH Ashford ☐

REQUEST FOR ECHOCARDIOGRAM

INCORRECTLY COMPLETED FORMS WILL BE RETURNED

Name:

Address:

Hosp No: DoB:

Date:	Ward/Clinic/Surgery:	Requesting Cons/GP: Bleep/Pager N°:

ECG: Normal Abnormal Date:	If abnormal please summarise
Previous Echo: YES NO Date:	Result of previous echo

For in-patients only **Can this test be done as an out-patient?**

Will the patient require: Chair ☐ Trolley ☐ Bed ☐

Please do not request this investigation if the patient has had a previous echo and there has been no clinical change in the patient's condition.

REASON FOR ECHO REQUEST ☐ *Urgent – State reasons below*

Investigation of heart murmur:
Clinical findings

Investigation of heart failure:
Clinical findings

BNP result (when available)

Chest x-ray result

Please remember that if the ECG, BNP (when available) and CXR are normal and there are no clinical signs of heart disease then the echo will most probably be normal also.

Other – please specify:

Valve Info:
☐ Native
☐ Prosthetic
☐ Tissue

Medication:

Doctor's Signature: **Print Name:**

PLEASE USE THIS RESOURCE RESPONSIBLY AS INAPPROPRIATE REFERRALS WILL DELAY DIAGNOSIS FOR ALL