



Spire

St Anthony's Hospital

Cardiac and pulmonary test referral form

GP referrals email to: stcardiacoutpatients@spirehealthcare.com

Patient details

Title	Surname	Forename	Gender Male Female
Hospital number		Date of birth	
Address			
Postcode	Email address	Tel number	

Appointment details to be completed by hospital staff

Date	Time
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Referrer's details

Name	Signature	
Address		
Tel number	Fax number	Date

Cardiac tests required (Please tick)

E.C.G	48 hour holter monitor	Exercise stress test	Echocardiogram
24 Hour blood pressure	7 day holter monitore	Sphygmocor pulse pressure monitoring	Echo with bubble contrast injection
24 Hour holter monitor	Stress echo		

Pulmonary tests required (Please tick)

Full lung function	Spirometry	Mannitol challenge	Reversibility
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Please indicate if report is required (Please tick)

Recent MI	Yes	No	S.O.B.	Yes	No	Palpitations	Yes	No	ECG Abnormal	Yes	No
Chest pain	Yes	No	Murmur	Yes	No	Recent ECG	Yes	No			

Indications/comments