OneWelbeck Heart Health

OWHH Diagnostic Test Referral Form (OWHH Consultant)

Please complete all sections of the form. By completing this form, you confirm you have the consent required to share this information.

PATIENT DETAILS

TITLE: FORENAME(S): SURNAME:

DATE OF BIRTH: GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

RESIDENTIAL ADDRESS: POSTCODE:

TELEPHONE: MOBILE:

EMAIL:

REFERRAL DETAIL

OneWelbeck Heart Health Diagnostic tests:

- ☐ **ECG**
- ☐ **Echocardiography**
- ☐ **Bubble Saline/Contrast Echocardiography**
- ☐ **Exercise Tolerance Testing**
- ☐ **Exercise Stress Echo**
- ☐ **Dobutamine Stress Echo**
- ☐ **24 Hour ECG**
- ☐ **48 Hour ECG**
- ☐ **72 Hour ECG**
- ☐ **1 Week Event Recorder**
- ☐ **24 Hour Blood Pressure Monitor**
- ☐ **Kardia/Alivecor 1 Month Event recorder**
- ☐ **Ambulatory Sleep Study (WatchPAT)**
- ☐ **ILR – Implantable Loop Recorder Check**
- ☐ **ILR – Implantable Loop Recorder Insertion**
- ☐ **Permanent Pacemaker Check**
- ☐ **ICD Check - Implantable Cardioverter Defibrillator**
- ☐ **Fourth Frontier – 1-month holter device**

Pathology:

☐ **Blood Tests - OWHH Profile 1** ☐ **Fasting**

☐ **Additional Blood Tests (please specify):**

Information/Instruction to be passed to personnel conducting test:

☐ **Follow up consultation on completion of tests (OneWelbeck only):**

CLINICAL INDICATION & ADDITIONAL INFORMATION

- ☐ Chest Pain
- ☐ Shortness of Breath on Exertion
- ☐ Hypertension
- ☐ Palpitations
- ☐ Syncope

☐ Iron Infusion:

☐ Inclisiran:

Other (Please Specify) :

EXTRA REQUIREMENTS

SPECIAL EQUIPMENT REQUIREMENTS: WHEELCHAIR ACCESS:

INTERPRETER REQUIRED: ☐ Yes, please confirm language:

OTHER:

PAYMENT DETAILS (IF KNOWN)

☐ Bill to Patient	☐ Bill to Insurer INSURANCE COMPANY: MEMBERSHIP NO: AUTHORISATION CODE:	☐ Bill to Embassy EMBASSY: LETTER OF GUARANTEE: ☐ (Please attach)	☐ Bill to referrer AGENCY NAME:

NAME : SIGNED : DATE :

PROFESSIONAL REG NO:

Please attach the last clinic letter, any relevant test results and any additional documentation to this form and submit to us via one of the following:

E: bookings.hearthealth@onewelbeck.com **A:** OneWelbeck Heart Health, 1 Welbeck Street, London W1G 0AR **T:** +44 (0)20 3653 2005