**Scottish National Advanced Heart Failure Service**

**(inc Mechanical Circulatory Support) Referral Form**

**For urgent referrals contact Heart Failure page 0092 via Switchboard 0141 951 5000**

\* = mandatory field (estimated weight, height and BMI are acceptable).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S** | Date / time \* |  | Referring Consultant \* |  |
| Referring Hospital \* |  | Specialty |  |
| Hospital & Ward \* |  | Contact Phone # \* |  |
| Patient Name \* |  | CHI \* |  |
| Age\* | yrs | Height\* | cm | Weight\* | Kg | BMI\* |  |
| Covid-19 Test Details\* |  |
| History of Presenting Complaint\* |
| **B** | Past Medical History \* | Current Medications\* |
| Smoking history\* | Any know allergies?\* |
| Alcohol history\* | History of illicit drug use?\* |
| **A** | Detail CV support below\* | HR\* |  | Hb\* |  | Urea\* |  |
| Eg Adren 4/50 5ml/h | BP\* |  | WCC\* |  | Creat\* |  |
| …. | CVP |  | Plt\* |  | Bil |  |
|  | CI |  | PT |  | ALT |  |
|  | Lactate |  | PTT |  | ALP |  |
| Detail Respiratory support below | RR\* |  | Fib |  | Albumin |  |
| Eg FiO2 0.6 | SpO2\* |  | H+/BE |  | CRP\* |  |
| … | pPeak |  | Echo\* |  |
| Renal eg RRT | UO\* |  |
| Micro | Temp\* |  | CXR\* |  |
| Neuro | GCS\* |  | Other |  |
| **R** | Documentation of response and communication; to be completed by SNAHFS receiving clinician |
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