Royal Brompton & Harefield NHS
NHS Foundation Trust

REFERRAL TO HEART FAILURE REHABILITATION (HF CR)

Please complete details below or attach a large patient sticker with the patient's full details:

Name		DOB	
Hosp no.		Male ☐ Female ☐	
Address		Home tel:	
		Mobile:	
		NOK / number	

GP name: _____ GP tel no.:_____

Diagnosis: _____ Cause: _____

Current treatment / medication:	Current symptoms:

Cardiac history: Please tick all that apply and give dates and details

Cardiac surgery:		Transplant	
LVAD			
Arrhythmia		ICD	Settings:
Cardiac arrest		PPM	Settings:
MI	STEMI / NSTEMI	PCI	
Angina	Rest / Exertion Details:		
Other previous cardiac events / procedures			

Relevant past medical history: Please circle any that apply and give details where possible

Stroke	Claudication	Hypertension	Diabetes
Arthritis	Asthma	Cancer	Chronic back problem
Emphysema / COPD	Rheumatism	Chronic musculoskeletal complaint	Chronic bronchitis
Any other relevant history:			

Echo date: Ejection fraction: LV function:

(Please attach last ECHO report and ECG if they were not performed at Harefield Hospital)
Details of exercise test:

Referrer: _____ Date: _____

Please contact Heather Probert, Senior Physiotherapist (bleep 6268) or Linda Morris, Sister (bleep 6170) with any queries.