

**Referral Form – Diagnostic Tests**Please email this form to info@heartsure.co.uk

Section 1 – PATIENT INFORMATION	
Surname:	Home Tel:
First Name:	Mobile Tel:
Title:	Gender:
Date of Birth:	Email:
Address:	Next of Kin:
	NOK Contact:
	Postcode:

Section 2 – PRACTICE / CLINIC INFORMATION	
Referring Clinician:	Date of Referral:
Practice Phone:	Practice Email:
Practice Name:	
Practice Address:	
Postcode:	

Section 2a – CLINICIAN CATEGORY				(please tick)			
GP:	<input type="checkbox"/>	Consultant:	<input type="checkbox"/>	Healthcare Professional:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Section 3 – BILLING INFORMATION CATEGORY		
Self-Funding	<input type="checkbox"/>	Please proceed to section 4
Private Health Insurance	<input type="checkbox"/>	Please complete below
Insurance Provider Name:		
Policy / Membership Number:		
Pre-Authorisation Code / Claim Reference:		



Fees and charges for the diagnostics listed below can be found at www.heartsure.co.uk/self-tariff. Please note these prices are only for Self-Funding patients. For patients with health insurance, they should contact their health insurance providers.

Section 4 - DIAGNOSTICS							
12 Lead Electrocardiogram				CT Coronary Calcium Scoring			
Echocardiogram (Ultrasound)				CT Coronary Angiogram			
24 Hour Blood Pressure Monitor				Blood Tests (Please complete section 4a)			
ECG Holter Monitor (tick below)							
24 Hour	<input type="checkbox"/>	48 Hour	<input type="checkbox"/>	72 Hour	<input type="checkbox"/>	3-7 Days	<input type="checkbox"/>

Section 4a – Blood Tests			
Full Blood Count (FBC)		C – Reactive Protein	
Urea & Electrolytes (U&E)		Erythrocyte Sedimentation Rate	
Lipid Profile		D – Dimers	
Liver Function		Prothrombin Time (INR)	
Bone Profile		Troponin – T	
Brain Natriuretic Peptide (BNP)		HIV (Human Immunodeficiency Virus)	
Glycated Haemoglobin (HbA1c)		Hepatitis – B	
Glucose		Atypical Virology	
ACE Serum		Anti – Heart Antibodies	
Apolipoprotein		Magnesium (Mg)	
TSH Plasma		Iron (Fe), inc. Ferritin	
Other (Please specify)			

If the patient also requires a Cardiology Consultation, please complete a Clinic Referral Form which can be found on our website, or by clicking here

Section 5 – Confirmation			
I confirm that the details provided on this form are correct and accurate to the best of my knowledge. Heartsure will be informed immediately if any errors are made.			
Signed	<input type="text"/>	Date	<input type="text"/>