**LIVERPOOL HEART & CHEST HOSPITAL**

**CARDIO-ONCOLOGY REFERRAL FORM**

* **Please complete all fields on page 1. Page 2 is to be completed if query is IO toxicity related.**
* **For MDT referrals:**
  + **Please ensure radiological images have been sent via PACS to LHCH.**
  + **Representation from the patient’s referring team is mandatory for discussion in MDT.**

Please email completed form to - [**cardio.oncology@nhs.net**](mailto:cardio.oncology@nhs.net)

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| **REFERRER DETAILS:** | | | | | | | | | | | | | |
| **Date of referral:** | | |  | | | **Referring Trust:** | | |  | | | | |
| **Name & designation of referrer:** | | | | |  | | | | | | | | |
| **Referrer email address:** | | | | |  | | | | | | | | |
| **PATIENT DETAILS:** | | | | | | | | | | | | | |
| **Forename:** | |  | | | | | **Surname:** | | |  | | | | |
| **NHS Number:** | |  | | | | | **Date of Birth:** | | |  | | | | |
| **ONCOLOGY INFORMATION:** | | | | | | | | | | | | | |
| Patient’s Oncologist (if not referrer): | | | |  | | | | | | | | | |
| Diagnosis  (inc. staging and approx. date diagnosed): | | | |  | | | | | | | | | |
| SACT (proposed/current/previous): | | | | Name of therapy: | | | | | | | | Approx. dates: | |
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| **REFERRAL REASON:** | | | | | | | | | | | | | |
| **MDT:** |  | | | **CLINIC:** | | |  | | | | **ECHO ONLY** | |  |
| If for MDT discussion, what is the question for the MDT? | | | |  | | | | | | | | | |
| Please provide reason for referral.  If referring for MDT discussion or out-patient review, **please provide medication list.** | | | |  | | | | | | | | | |
| **I confirm that the patient is aware of this referral and the reasons for it:** | | | | | | | | **YES** | | | | **NO** | |

***Please complete page 2 overleaf if referring for suspected immunotherapy-related cardiotoxicity***

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| **INVESTIGATIONS:** | | | | | | | | | | |
| **Confirm investigations sent for review:** | | Echocardiogram: | | | Cardiac MRI: | | | ECG: | Other | |
| **Patient weight (Kg):** | | |  | | | | | | | |
| **BIOMARKERS & IMMUNO-SUPPRESSION**  **Please list in chronological order (baseline first, most recent last).**  **Add more rows if required.** | | | | | | | | | | |
| **DATE** | **NTproBNP** | | | **Troponin** | | | **Immuno-suppression** | | | **Dose** |
| **Troponin I**  **Troponin T** | | |
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