**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**

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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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