

Patient ref number:

**Referrers are required to complete sections 1-2 accurately and legibly. Inadequately completed forms will not be accepted.**

## 1 - Patient Details

Title:	<input type="text"/>	Forename:	<input type="text"/>	Surname:	<input type="text"/>
DOB:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address:	<input type="text"/>				
Postcode:	<input type="text"/>	Tel (Home):	<input type="text"/>	Mobile:	<input type="text"/>

### Patient Identification

For Kingsbridge  
Private Hospital use only.

I have confirmed the above patient's name, address and DOB. Signed:			<input type="text"/>
Verified by patient:	<input type="checkbox"/>	If another/status:	<input type="text"/>
Signed:		<input type="text"/>	

I have examined this patient and reviewed the ECG: the patient does **NOT** have aortic stenosis, cardiomyopathy, a serious cardiac arrhythmia or any acute myocardial infarct. It is safe to perform a medically unsupervised treadmill test.

Referring Doctor (print name):	<input type="text"/>	Signature:	<input type="text"/>
GP Cypher Code:	<input type="text"/>		
Address:	<input type="text"/>		
Post Code:	<input type="text"/>	Email:	<input type="text"/>
		Tel:	<input type="text"/>

## 2 - Type of treadmill, reason for referral and clinical diagnosis

### Type of treadmill:

- Bruce  
 Modified Bruce

### Reason for test:

- Diagnosis of chest pain  
 Determination of exercise capacity  
 Provocation of arrhythmias  
 Other:

### Clinical diagnosis:

- Suspected coronary heart disease  
 Proven coronary heart disease  
 Valvular heart disease  
 Cardiomyopathy  
 Acute myocardial infarction  
 Other:

### Heart failure:

- Yes  No

Is the patient on any cardiac/hypertensive medication? (if yes, keep on all medication). If yes, please name drugs:

C.P. (print name):	<input type="text"/>	Signature:	<input type="text"/>
--------------------	----------------------	------------	----------------------

**Please send completed form by post, fax or email to:**

**Kingsbridge Private Hospital**, MRI, CT and Outpatients Centre, 801 - 805 Lisburn Road, Belfast, BT9 7GX.

T: +44 (0) 28 9073 5272 | F: +44 (0) 28 9024 9929 | E: [imaging@3fivetwo.com](mailto:imaging@3fivetwo.com)