# C:\Users\umneyr\AppData\Local\Microsoft\Windows\INetCache\Content.Word\GOSH umney logo chosen july 2018-red.pngElectrophysiology Service Referral Letter Proforma

|  |  |
| --- | --- |
| Date Of Referral: | Click or tap to enter a date. |
| Patient Name: |  |
| NHS No:  |  |
| D.O.B: |  |
| Address:  |  |
| Phone numbers:  |  |
| GP*(MUST BE INCLUDED*): |  |

|  |
| --- |
| Reason for referral: |
| Click or tap here to enter text. |
| Past medical History: |
| Click or tap here to enter text. |
| Medications: | Allergies: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Family History: (including congenital heart disease, arrhythmia, sudden death) |
| Click or tap here to enter text. |
| Tests performed and results: (Please include ECG with this referral) |
| Click or tap here to enter text. |
| Any Other Relevant Information:  |
| Click or tap here to enter text. |

Sent By: (Name and Title)