East Lancashire Hospitals NHS
NHS Trust

RAPID ACCESS CHEST PAIN ASSESSMENT CLINIC (RACPAC) REFERRAL FORM

Please complete all sections of this form, then fax to:
Blackburn Clinic: 01254 294363 or
Burnley Clinic: 01282 475048

PATIENT DETAILS	GP PRACTICE DETAILS / STAMP
Surname	Name of GP
Forename	Date of Referral
NHS Number	Address
Hospital Number	
Address	
Postcode	Postcode
Day Time Contact No	Tel No
Home Tel No	Fax No
DOB	Referring Doctor

Can the patient tread mill? Yes ☐ No ☐

Check List for Rapid Access Chest Pain Assessment Clinic

	Yes	No
Chest Pain for over 6 weeks duration	☐	☐
Rest Pain or unstable angina	☐	☐
Severe pain with possible acute MI	☐	☐
Uncontrolled hypertension (> 180/100 mmhg)	☐	☐
Inability to perform exercise ECG (mobility problems, severe dyspnoea etc)	☐	☐
Significant arrythmias (AF, Heart Block, LBBB on ECG)	☐	☐
Heart Murmurs suggestive of Aortic Stenosis	☐	☐

If you have ticked YES to any boxes within this section
PLEASE DO NOT REFER THIS PATIENT TO RACPAC

Bloods	Risk Factors		
Please ensure the following bloods have been taken within past 3 months: Hb, lipids, U/Es, TFTs, LFTs, HbAIC if diabetic. Please send results with patient.	Time since onset of pain ____ weeks		
	NIDD	Yes ☐	No ☐
	Insulin dependent diabetes	Yes ☐	No ☐
	Hypertension, on therapy	Yes ☐	No ☐
	Family history, ie death of 1st degree relative under 60	Yes ☐	No ☐
	Known hyperlipidaemia	Yes ☐	No ☐
	Current smoker ☐	Ex-smoker ☐	Non-Smoker ☐

Current cardiac drugs			
			Name & Dose
Betablocker	Yes ☐	No ☐	
Calcium channel blocker	Yes ☐	No ☐	
Nitrate	Yes ☐	No ☐	
Statin	Yes ☐	No ☐	
Aspirin	Yes ☐	No ☐	
Other			
Other			

ECG (please fax/send a copy of last ECG, if available)
Finding
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Clinical Details/History
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Referral from (PRINT): ..... **Signed** ..... **Date** .....