The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Paediatric Inherited Cardiomyopathies (ICC) outpatient clinic

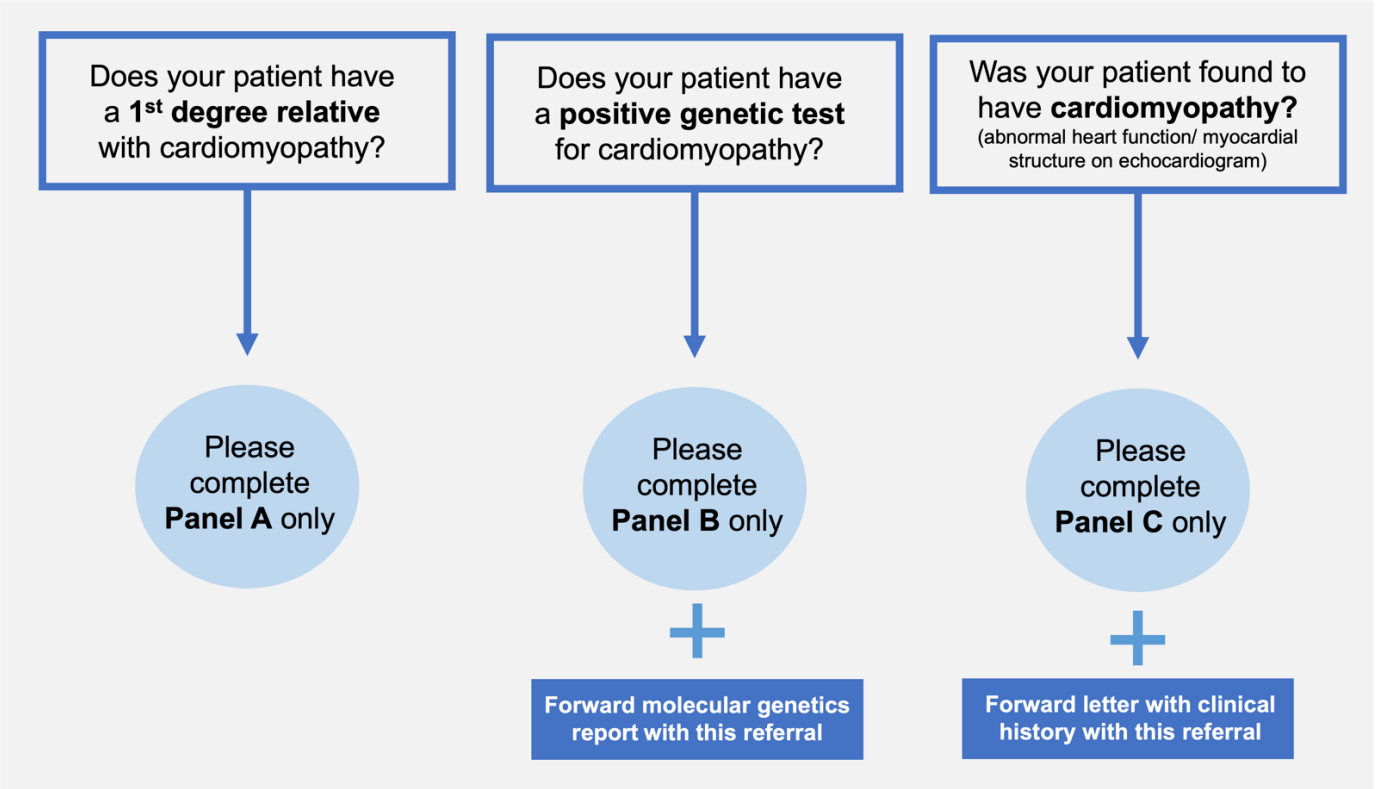
Referral Form

GP referrals must use the NHS digital e-referral service https://digital.nhs.uk/services/e-referral-service

Please note all sections must be completed, or the form will be returned to the sender. Once fully completed please send to: nuth.ICCreferrals@nhs.net

Patient Details				
Name		NHS number		
Date of birth	DD/MM/YYYY	Sex	Female ☐	Male ☐
Address				
Postcode		Phone number of parent (mandatory)		
Referral Details				
Referral date	DD/MM/YYYY	Name of doctor completing the form		
NHS.Net email				
Contact number (external or bleep)				
Referring Consultant/GP name				

Guidance for completing this referral form:



Panel A - 1st degree relatives of patients with cardiomyopathy (Family screening)		
Name of person affected (with cardiomyopathy)		
Familial relation of person affected to patient being referred (mother/ father/ sibling)	Mother ☐ Father ☐ Sibling ☐	
Type of cardiomyopathy of person affected	Dilated cardiomyopathy (DCM)	☐
	Restrictive Cardiomyopathy (RCM)	☐
	Hypertrophic Cardiomyopathy (HCM)	☐
	Arrhythmogenic Cardiomyopathy (ACM / ARVC)	☐
Age of onset of cardiomyopathy in person affected (in years)		
Genetic test performed in person affected	Yes ☐ No ☐	
Gene Mutation identified in person affected (if known)		

Panel B - Patients with positive cascade genetic screening (Clinical genetics referrals)		
Familial relation of proband to the patient being referred (mother/ father/ sibling)	Mother ☐ Father ☐ Sibling ☐	
Type of cardiomyopathy of proband	Dilated cardiomyopathy (DCM)	☐
	Restrictive Cardiomyopathy (RCM)	☐
	Hypertrophic Cardiomyopathy (HCM)	☐
	Arrhythmogenic Cardiomyopathy (ACM / ARVC)	☐
Age of onset of phenotype in proband (in years)		
Age of onset of the youngest person affected in the family (in years)		
Gene Mutation identified in patient being referred	Please forward molecular genetics report with this referral	

Panel C - Patients having been diagnosed with a form of cardiomyopathy		
Type of cardiomyopathy	Dilated cardiomyopathy (DCM)	☐
	Restrictive Cardiomyopathy (RCM)	☐
	Hypertrophic Cardiomyopathy (HCM)	☐
	Arrhythmogenic Cardiomyopathy (ACM / ARVC)	☐
Genetic test performed	Yes ☐ No ☐	
If **yes**, specify panel sent and date sent		
Family history of same condition?	Yes ☐ No ☐	
If **yes**, specify people with same condition (with ages of onset in years)		