



Letter generated on: 16/07/2023 22:23
Chest pain e-Consult

To Whom It May Concern,

RE:

Name: Mr Joe Bloggs
DOB: 04-06-1973
Address: 1 Referrals Road, REF 3AL
Phone: 07123456789
Email: info@thereferrals.app

Clinical History:

Mr Joe Bloggs has been experiencing chest discomfort since 26-06-2023. He describes the pain as a dull ache, tight and squeezing that radiates to the left arm and radiates to the neck.

He experiences the discomfort weekly. It is exacerbated by exercise and is relieved by rest from exercise.

He is a current smoker and of note has diabetes, high cholesterol and previous heart attack.

Information for Joe Bloggs:

Information for patient:

Diagnosis:

Based on your online responses, you are likely to have typical angina. This is caused by narrowings in the arteries supplying the heart itself (known as coronary arteries).

Investigations:

To understand your symptoms in more detail, you may benefit from further investigations. In the first instance, an electrocardiogram (ECG) and echocardiogram (echo) are useful to look at the electrical circuit in your heart, the structure of the muscle, and the function of heart valves. You can find more information about these tests here -

ECG - <https://www.youtube.com/watch?v=tSpHo655BP4>

Echocardiogram - <https://www.bhf.org.uk/information-support/tests/echocardiogram>

Once you are assessed by a member of the cardiology team, you may need further specialist scans to look at the coronary arteries and/or their supply to the heart muscle. There are a range of non-invasive imaging modalities, which will be chosen based on your individual circumstances and local availability. Imaging methods include: CT coronary angiogram, stress perfusion MRI, stress echocardiogram, nuclear myocardial perfusion scan. This needs to be discussed with a cardiologist,

but you can find provisional information on each test here -
<https://www.bhf.org.uk/information-support/tests/>

In cases where you are highly likely to have coronary artery disease, your cardiologist may offer to perform an invasive coronary angiogram without any prior scans.

Treatment:

The underlying cause of your heart artery narrowings is likely to be related to your lifestyle diabetes, high cholesterol, previous heart attack. It is, therefore, important that these risk factors are treated adequately by your GP.

To address your chest discomfort, there are a number of tablets that can relieve your symptoms. If your pain persists despite tablet treatment, you may benefit from a minimally invasive procedure called coronary angioplasty, where a cardiologist can open narrowings in the heart artery with a metal stent.

For more information on angina, including treatments, please read the information on the British Heart Foundation website - <https://www.bhf.org.uk/information-support/conditions/angina>

You will find an informational video here - <https://www.youtube.com/watch?v=k5VjGgk7Wqc>

Recommendations for Joe Bloggs

We recommend that you are seen by the cardiology team. You should be able to get a referral to your local rapid access chest pain clinic via your GP. It will be helpful to present this letter to them.

Important notice: *This letter has been automatically generated. The information provided is based on your responses to the questionnaire. You should not undertake any investigation or treatment without the involvement of a clinician. The information provided here is provisional and does not constitute medical advice.*

Yours Sincerely,

TheReferralsApp team

<https://thereferrals.app/>

Info@thereferrals.app

Information for clinicians:

Mr Joe Bloggs, Male, 50yrs

Angina - typical angina

Risk factors - diabetes, high cholesterol and previous heart attack, current smoker

Suggested 1st line Investigations - ECG, Echo, Lipid testing, HbA1c

Suggested 2nd line Investigations - Functional ischaemia testing

NICE Stable Angina Guidance CG126 - <https://www.nice.org.uk/guidance/cg126>