



WELL CHILD MURMUR REFERRAL PATHWAY

This is a murmur referral form for <u>WELL children</u> requiring review in a Cardiology Outpatient Clinic

Surmane Date of referral	Patient Information		Referral Informa	ation		
Referring consultant Referring consultant Referring NCHD (name, grade, bleep)	Surname		Date of referral			
Sex						
Address Referring NCHD (name, grade, bleep) Contact Details Parent 1 name Parent 2 Parent 1 contact number Parent 2 contact number History Are there any cardiac symptoms (breathlessness, reduced exercise tolerance, chest pain on exertion – if so this case needs to be discussed) Any history of failure to thrive? (If so this case needs to be discussed) Any suspected genetic conditions? (If so this case needs to be discussed) Any suspected genetic conditions? (If so this case needs to be discussed) Any significant family history? (If so this case needs to be discussed) Parent 2 No □ Ves □ No □ Dysmorphism, if so please detail No □ Dysmorphism, if so please detail No □ Description of murmur: Grade: Femoral pulses Femoral pulses Yes □ No □ Description of murmur: Coation:	DOB		Referral centre			
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Parent 1 name	Address		•			
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Femoral pulses Yes No No Location:	Blood pressure				Yes □ No □	
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	Heptomegaly	Yes □ No □				