

WELL CHILD MURMUR REFERRAL PATHWAY

This is a murmur referral form for **WELL children** requiring review in a Cardiology Outpatient Clinic

Patient Information		Referral Information	
Surname		Date of referral	
Forename			
DOB		Referral centre	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Referring consultant	
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)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any history of failure to thrive? (If so this case needs to be discussed)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any suspected genetic conditions? (If so this case needs to be discussed)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any significant family history? (If so this case needs to be discussed)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Examination			
Confirm normal oxygen saturations	Yes <input type="checkbox"/> No <input type="checkbox"/> Value: Location taken:	Dysmorphism, if so please detail	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood pressure	Location taken: Systolic BP: Diastolic BP:	Murmur	Yes <input type="checkbox"/> No <input type="checkbox"/>
Femoral pulses	Yes <input type="checkbox"/> No <input type="checkbox"/>	Description of murmur:	Grade:
Heptomegaly	Yes <input type="checkbox"/> No <input type="checkbox"/>		Location:
			Quality: