RESEARCH ECHO (STUDY NAME)

HSC **Belfast Health and Social Care Trust**
caring supporting improving together

Request for Echocardiogram

<table>
<tr><td colspan="4">

Use addressograph-otherwise write in capitals

Surname: _____

First names: _____

Address: _____

DOB: _____ EDD: _____

H+C No: _____

Check identity

</td></tr>
<tr><td>**Cons**</td><td>**Ward/Clinic**</td><td>**Weight**</td><td>**Height**</td></tr>
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Contact Numbers:

Home: _____

Mobile: _____

Type of study required:

☐ Transthoracic

☐ Other: (please specify) _____

☐ Outpatient

☐ Inpatient

Specific echo date: (eg. in 10 months time)

_____

Infection Status eg. MRSA, category 3 (please specif

_____

ECG: ☐ Normal ☐ Abnormal
Comments:

Chest X-ray: ☐ Normal ☐ Abnormal
Comments:

Previous Imaging

Has an echo been done in the past year? (if yes, please explain reason for repeat)

Cardiac History

☐ History of valve disease, new murmur: (describe) _____

☐ Previous CABG, valve repair/replacement: (size and type) _____

☐ IHD, MI/PCI (territory) _____

☐ Heart failure: BNP level required _____

☐ Pacing/ICD/Ablation: _____

☐ Inherited Cardiac Disease: HCM/DCM/ARVC/Other _____

☐ Congenital Cardiac Disease: (details, including previous surgery) _____

☐ History of pulmonary disease: _____

What clinical question would you like this echo to answer

Requesting Doctor Signature: _____ Bleep: _____

PRINT NAME: _____ Ext Number: _____

Date: _____ Mobile: _____