



Date sent: _____ **Form not compulsory if you prefer to refer by Healthlink with details below**

Referral Criteria: New or recent onset of chest pain suggestive of STABLE ANGINA ≥ 20 years

Patient Name: _____ Pt. phone number: _____ Sex: _____ Address: _____ _____ DOB: _____ Hosp. Number (if known): _____	GP name: _____ Practice Telephone No: _____ Practice name/address: _____ _____ GP email: _____
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History of chest pain/discomfort Reproduced with kind permission BHRUT 'Chest Pain Score' Rathod et al, BMJ Quality Improvement Reports 2014

Relevant PMHx. _____

Symptom Onset: _____ **Please complete the CHEST PAIN SCORE**

Precipitating factor

- Always on exertion, relieved by rest	3
- Emotional stress/exposure to cold/after meal	1
- Nothing in particular/unpredictable	0
- Breathing in/out	-1

Position on chest

- Front of chest/neck/shoulders/jaw/arms/epigastric	1
- Right-side/sub-mammary/very localised	0

Type of pain

- Constricting/cramping/heavy/tight/burning/dull ache	1
- Stabbing/sharp	0
- Reproducible by manual pressure on chest wall	-1

Duration of pain

- < 15 minutes	1
- Few seconds only	0
- > 15 minutes to hours	-1

Total Chest Pain Score _____

If score is 3 or more **Typical stable angina – REFER**

If score is 2 **Possible atypical angina - if ≥1 risk factors listed below, REFER**

If score is ≤ 1 **Unlikely to be stable angina – consider alternative cause, DO NOT REFERGP**

GP Actions taken to date:

Risk factors (Please tick if applicable)

Diabetes mellitus Cholesterol > 6 mmol/L LDL >3 mmol/L Current smoker or recent Ex-smoker

Family Hx. of a first-degree relative with coronary disease <60yrs Hypertension/medicated

Clinical examination and investigation **Murmur** Yes / No **BMI** **BP**

ECG Normal / AF/ LBBB / Unknown / Other _____ Anaemia Yes/No eGFR: LV Dysfunction Yes/No/Unknown

Completed referral including recent bloods (liver/renal/lipids/FBC) can be sent via HealthLink / healthmail / post to: Integrated Care Community Chest pain Clinic, c/o 3rd Floor, Russell Building, Tallaght Cross West, Dublin 24, DH74. Healthmail only to CPIntegratedCare@tuh.ie