

↩ **SOURCE OF REFERRAL**

(please tick one)

- ☐ Patient self presenting with symptoms
- ☐ Recent hospital admission
- ☐ Routine 'NYHA score' in chronic disease clinic
- ☐ Other (please specify) .....

**BRIEF PRESENTING HISTORY:**

(SOBAR, SOBOE, orthopnea, PND etc)

**SELF ASSESSED NYHA SCORE CLASS:**

☐ i ☐ ii

☐ iii

☐ iv

**CLINICAL FINDINGS:**

(Peripheral /pulmonary oedema, murmur etc)

BP:

.....

**MEDICATION :**

(please tick if applicable)

☐ PMH

☐ IHD

Date of prev MI (if app.) .....

☐ HBP

Date first diagnosed .....

☐ Atrial fibrillation

Date last known SR .....

☐ Known COAD/ asthma

☐ PFT? .....

Date ECG 1st reported broad QRS.....

☐ Date LV dysfunction confirmed

☐ Hospital admission in last 12 month