

# Rapid Access Syncope Clinic (RASCL) RIE



## ► Referral Form

- In TRAK, copy patient's Immediate Discharge Letter to General Medical Outpatient Clinic OPD2
- Send completed Referral form AND printed copy of Patient's IDL to General Medical Outpatient Clinic, OPD2, for consideration of review (Via Internal Mail or Fax No. 21367)
- Have you attached your Investigation Request Form?

Date of referral	
Referring Doctor	
Grade	
Department	
Consultant Name *	
<i>All ED referrals should be discussed with a senior EM clinician (consultant/registrar)</i>	

Please affix patient label here

Appointment Type: Routine ☐ Urgent ☐

- Reason for referral:
- Frequent or persisting episodes of TLOC of likely Vagal/Situational/Orthostatic despite initial conservative management ☐
- Possible High Risk Syncope not meeting criteria for admission or cardiology referral (i.e. No preceding warning, syncope during exertion or supine, history unclear) ☐
- Complete /syncope notes on TRAK ☐
- 1 and 3 minutes L/S BPs performed? ☐
- ECG findings? ☐
- Working Differential Diagnosis: \_\_\_\_\_
- DRIVING and occupation advice given as required and documented? ☐

Investigations (✓ if completed)			
FBC		ECG	
U&E's		CXR	
LFT's		USS	
Ca/Alb		CT	
Glucose			
Coagulation			
Other:			

Investigations requested✓ <i>Please ensure forms have been completed and submitted</i>	
24-Hour Tape	
Echocardiogram	
Exercise Tolerance Test	
CT Brain Scan	
Carotid Doppler	
Ultrasound	
MRI Scan	
Other:	

English as the first language: ☐ Yes ☐ No

If no, Specify Language and if translator required \_\_\_\_\_

Vulnerable Adult: (Please specify type) ☐ Yes ☐ No