

Bupa cardiology support programme



Referral form

This form is for referring Bupa patients to take part in the pilot cardiology support programme offered by Bupa's cardiac nurses.

To take part in the programme patients need to have:

- A calcium score > 50th percentile (for age, race, and gender) and/or
- Plaque disease > 25% on CT Angiogram

Please complete this form by typing information into all sections. Then send your completed form by secure email to: **cardiologynurses@bupa.com**

Information you send to this email address may not be secure unless you send us your email through Egress.

To sign up for a free Egress account, go to **<https://switch.egress.com>**

If you've any questions, please email them to: **cardiologynurses@bupa.com**

About the patient

Title (please tick):	Miss	Mrs	Ms	Mr	Dr	Other (please state)
Name:						
Date of birth:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>					
Bupa membership number:						
Email:						
Phone number:						
Has the patient consented to participation in the programme and to sharing their data?						<div>Yes</div> <div>No</div>
Name of patient's GP:						
GP's phone number:						
GP's email:						

Clinician's details

Name of referring cardiologist:
Email:

Details of referral to the Bupa cardiology support programme

Referral date:

D

D

M

M

Y

Y

Y

Y

Diagnosis:

ICD code for the patient's condition:

Referral comments:

Clinical metrics

Metric:	Date:	Value:
Blood pressure:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	
Total cholesterol:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	
LDL cholesterol:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	
Triglycerides cholesterol:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	
Non-HDL cholesterol:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	
HbA1c:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	
Height:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	
Weight:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	
Waist Circumference:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	

Consultant's declaration

I understand that the clinical information I've supplied may be considered to be a medical report for insurance purposes. I confirm that my patient (or their legal representative) has given their permission for me to share this information and, where they've asked to review this information, they've been given an opportunity to do so before I submitted this form to Bupa.

Consultant cardiologist's name:

Date completed

D

D

M

M

Y

Y

Y

Y

General Medical Council number