

# Sheffield Pulmonary Vascular Disease Unit Referral checklist

To allow us to provide a high-quality service to patients, kindly please ensure the following are included with all referrals. Email referral to [sht-tr.PVDU@nhs.net](mailto:sht-tr.PVDU@nhs.net) Referral Date:

PATIENT

DOB

NHS

## 1. REFERRAL LETTER

- Referral letter (Please state referring consultant)
- Any relevant letter(s) that you believe would be helpful

## 2. REPORTS OF INVESTIGATIONS (if not explicitly stated in referral letter)

- Echocardiogram(s)  not performed
- CT Thorax/CTPA  not performed
- Pulmonary Function Tests  not performed
- ECG  not performed
- Abnormal blood results (FBC/U&E /LFT/TFT)

Where performed please include:

- VQ Study  Auto-immune profile  NTpro-BNP  Cardiac MRI  Cardiac Cath

## 3. IMAGE TRANSFER via I.E.P

- Serial CTPA/Thorax CT
- Echocardiogram(s)
- Where performed please send VQ study  cardiac MRI  and recent CXR(s)

Please indicate if any test(s) done at another hospital below

## 4. Any other information