URGENT CARDIAC CARE
RAPID CHEST PAIN ACCESS

Monday - Friday 9am - 5pm
T: 021 601 3333    |    F: 021 454 1021
E: corkcardiology@materprivate.ie

Our expert cardiology team are available when your patient needs us:
• Prompt and Comprehensive Assessment
• Rapid access to non-invasive cardiology services
• Immediate Cath Lab Access if required
• Immediate phone triage by Cardiology Nurse Specialist
• Same-day Consultant Cardiologist evaluation

REFERRAL PROCESS:
GP referral letter is required by fax or email. Please advise patient to bring any copies of prior angiography/interventional procedure CDs or reports.

Chest Pain
Symptomatic
• Recent onset chest pain presumed cardiac in origin.
Elderly or Diabetic
• New onset exertional dyspnoea suggestive of angina.
Post Cardiac Intervention
• New or recurring cardiac symptoms.
Known Cardiac Disease
• Worsening or accelerated angina.

Patients with symptoms suggestive of unstable angina / acute coronary syndrome will be admitted on the day for possible coronary intervention.

Arrhythmia
First Detected AF
• Irregular pulse noted during routine examination and/or conformation ECG.
Symptomatic Presentation
• Clinical suspicion of AF.
Paroxysmal / Persistent
• Patient to attend fasting if on-set of symptoms is less than 48 hours.

Previously diagnosed AF
• May be seen in Cardiology Clinics.

Breathlessness
• Acute breathlessness presumed cardiac in origin with or without a history of congestive heart failure.

URGENT PATIENTS: Call immediately on 021 601 3333
Cardiology Nurse Specialists will provide immediate triage over the phone, assessing symptoms to determine the appropriate course of action.

NON-URGENT PATIENTS: Book in as per referral with the appointments team
Call 021 601 3258 or email corkcardiology@materprivate.ie

The entry level price for this service is €120 which includes laboratory tests and a consultation with Cardiologist. Dependant on tests required, this will be capped at a maximum cost of €400. Should patients require admission, these costs will be reimbursed. All major insurers are covered.
**URGENT CARDIAC CARE**

**Referral Form**

**Routine 021 601 3258**

**GENERAL PRACTITIONER DETAILS**

- GP/Consultant Name: 
- Practice Address: 
- Email: 
- Tel: 
- Fax: 

**CURRENT SYMPTOMS**

- Chest Pain: [ ]
- Breathlessness: [ ]
- Heart failure: [ ]
- Syncope: [ ]

**PAST MEDICAL HISTORY**

- Hypertension [ ]
- Diabetes [ ]
- Prior MI [ ]
- Prior CVA/TIA [ ]
- Family history of CAD/Cardiomyopathy / Sudden Death [ ]

**CURRENT MEDICATIONS**

- Yes
- No
- Layla
- Aviva
- GloHealth
- ESB
- GMA
- POMA

**PREGNANCY DETAILS**

- [ ]

**CURRENT MEDICATIONS**

- Yes
- No
- Layla
- Aviva
- GloHealth
- ESB
- GMA
- POMA

**PAST MEDICAL HISTORY**

- Hypertension [ ]
- Diabetes [ ]
- Prior MI [ ]
- Prior CVA/TIA [ ]
- Family history of CAD/Cardiomyopathy / Sudden Death [ ]

**OFFICE USE ONLY**

- Date Request Received: 
- Date Procedure Performed: 
- Date Report Posted: 

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**URGENT 021 601 3333**

**PATIENT DETAILS**

- Name: 
- DoB: 
- Address: 
- Tel: 
- Mobile: 

**PRIOR TEST RESULTS**

- Cholesterol: Date Taken: 
- HDL: Date Taken: 
- LDL: Date Taken: 
- HbA1c: Date Taken: 
- Hb: Date Taken: 
- Creatinine: Date Taken: 
- TSH: Date Taken: 
- T4: Date Taken: 
- INR: Date Taken: 
- Prior ECG Findings: Date Taken: 

**GP signature:** 

**Date:**

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**Other relevant information, physical examination signs or prior cardiovascular testing:**