**Inclusion:** Asymptomatic aortic aneurysm less than 8 cm in diameter

**Exclusion:** Symptomatic aneurysm (Transfer to nearest A & E)

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| --- | --- | --- | --- | --- |
| **Patient Demographics** | | | | |
| **Date of Referral:** | Click to enter a date. | | |
| **Forename** | Click here to enter text. | **Surname** | Click here to enter text. |
| **DoB** | Click to enter a date. | **NHS No.** | Click here to enter number. |
| **Mobile:** | Click here to enter number. | **Gender:** | Click here to enter text. |

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| **GP/Referral Details** | | | | |
| **Referred by:** | **Click to enter a date.** | **Registered GP:** | **Click here to enter text.** |

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| --- | --- | --- | --- |
| Clinical indication for referral | | | |
| **Incidental finding of aneurysm** | Choose an item. | **Size of the aneurysm if known** | Choose an item. |
| **Known Aneurysm with no follow up /surveillance** | Click to enter text. | **Site of the aneurysm** | Choose an item. |
| **Aneurysm diagnosed in another organisation** | Choose an item. | **Details** | Click here to enter text. |
| **Other** | Click here to enter text. |  |  |

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| **Aneurysm Risk factors** | | | |
| **History of dementia** | Choose an item. | **Clinical frailty score** | Choose an item. |
| **History of Cancer** | Choose an item. | **Details if known** | Click to enter text. |

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| **Suspected ruptured aortic aneurysm** | Telephone 999, send to Heartlands ED |
| **Symptomatic aortic aneurysm** | refer to on call vascular service, call 0121 424 2000 ask to speak to on vascular surgeon |
| **Aortic aneurysm of ascending aorta** | Refer to cardiothoracic surgery |
| **Intracranial aneurysm** | Refer to neurosurgery |