Recovery after myocardial infarction: referral

Assume that today's date is 5 November 2026. Mr Currie has attended your outpatient clinic following cardiology review yesterday. This is original independent practice: the patient details, clinical findings and service decisions are fictional case facts. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. You are a registered nurse in the cardiology outpatient clinic. Using the case notes, write to Ms Beatrix Bassett, Cardiac Rehabilitation Nurse, to reapply for Mr Currie's admission to the outpatient recovery programme. Explain how the barrier that led to the earlier refusal has changed and which access adjustment is still requested. Address your letter to Ms Beatrix Bassett, Cardiac Rehabilitation Nurse, Outpatient Recovery Programme, Level 2, 24 High Street, SW1V 2PB. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Mr Pratt Currie	☐	☐	☐
2. DOB: 09/03/1964 (62 yrs)	☐	☐	☐
3. Clinic review: 05/11/26	☐	☐	☐
4. Consents to repeat referral and sharing relevant clinical information	☐	☐	☐
Social background			
5. Lives with wife; independent with personal care	☐	☐	☐
6. Daughter visits weekly; works during programme hours	☐	☐	☐
7. Retired mechanic; collects vintage bus tickets	☐	☐	☐
8. Privately criticised daughter's choice of partner	☐	☐	☐
Medical history and earlier referral			
9. 02/10/26: myocardial infarction; coronary angioplasty with stent insertion	☐	☐	☐
10. Discharged home 06/10/26	☐	☐	☐
11. Initial cardiac rehabilitation referral sent 14/10/26 from cardiology outpatient clinic	☐	☐	☐
12. 16/10: service declined referral pending cardiologist assessment of exertional chest tightness	☐	☐	☐
13. Hypertension; reviewed regularly by GP	☐	☐	☐
14. Appendicectomy aged 19; uncomplicated recovery	☐	☐	☐
15. No known drug allergies	☐	☐	☐
Assessment and progress			
16. 14/10: chest tightness on stairs reported at outpatient review during recovery at home	☐	☐	☐
17. No further chest discomfort since 20/10	☐	☐	☐
Assessment and progress			
18. 04/11: cardiologist documented clinically stable; suitable for rehabilitation assessment; exercise prescription remains with rehabilitation team	☐	☐	☐
19. No current breathlessness, dizziness or syncope reported	☐	☐	☐
20. Walking around home independently; avoids longer walks through fear	☐	☐	☐
21. Secondary prevention medicines unchanged at review; reports taking as prescribed	☐	☐	☐
22. Anxious about another heart attack during activity; requests help rebuilding confidence	☐	☐	☐
23. Wants to resume gardening	☐	☐	☐
24. Complained that previous receptionist was unfriendly	☐	☐	☐
Access and plan			
25. Original referral requested centre-based sessions	☐	☐	☐
26. Centre access remains difficult: no public transport; wife cannot drive	☐	☐	☐
27. Has tablet, reliable internet and private space; uses video calls independently	☐	☐	☐
28. Willing to attend remotely; daughter cannot provide regular transport	☐	☐	☐
29. Reapply for assessment; request supported home-based rehabilitation via video, if suitable	☐	☐	☐
30. Cardiologist's review enclosed with this letter; no promise of programme acceptance given	☐	☐	☐
31. GP follow-up booked 19/11	☐	☐	☐
32. Previously advised: new squeezing chest pain → call 999; do not drive to hospital	☐	☐	☐