

OET Case Notes

Medicine · Proficient · Referral letter · to Cardiologist

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Medicine — Urgent Referral to Cardiology for Exertional Chest Pain

THE CASE NOTES

Patient: Mrs Elena Vasquez, 55 years old, secondary school teacher

Presenting complaint: 3-week history of central chest pressure on exertion; radiates to left jaw; settles with rest within 10 minutes; occurring daily

ECG: ST depression 1 mm in leads V4–V6 at rest; new compared to ECG 8 months ago

Risk factors: Hypertension (amlodipine 5 mg), T2DM (metformin), BMI 31, ex-smoker (15 pack-years, quit 5 years ago), father — MI age 57

Examination: BP 148/90, HR 82, chest clear, no signs of heart failure; mild right shoulder tenderness on palpation (separate musculoskeletal problem, long-standing)

Bloods: HbA1c 68 mmol/mol; total cholesterol 6.1 mmol/L, LDL 4.1 mmol/L; troponin negative on two occasions 6 hours apart

Incidental: Saw GP 4 weeks ago with a viral URTI — resolved fully; prescribed cetirizine; no connection to current symptoms

Current medication: Amlodipine 5 mg, metformin 1 g BD; cetirizine course completed

Task: Write an urgent referral letter to cardiologist Dr Marcus Lee requesting assessment for probable angina, including the relevant clinical findings and risk profile.

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WHAT TO INCLUDE

- + **The new ST changes compared to the previous ECG 8 months ago**
An objective change that transforms this from a symptom-only referral into an urgent cardiac one. The cardiologist cannot triage urgency accurately without knowing the change is new.
- + **The symptom pattern: central, exertional, jaw radiation, relief at rest**
This is a classic stable angina presentation. Stating the exact pattern lets the cardiologist plan the investigation pathway before seeing the patient.
- + **The cardiovascular risk cluster: HTN, T2DM, ex-smoker, elevated LDL, family history**
All five risk factors belong together. Combined with ST changes, they justify urgent rather than routine referral. Group them efficiently in one sentence.
- + **Troponin negative twice and no signs of heart failure**
These negative findings were specifically sought and justify urgent outpatient — not emergency — referral, framing the clinical decision correctly.

WHAT TO LEAVE OUT

- **The right shoulder tenderness**
A documented separate musculoskeletal problem with no cardiac relevance. The single clearest distractor in this case — including it suggests the writer cannot distinguish relevant from incidental.

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- **The viral URTI and cetirizine four weeks ago**

Pre-dates the symptoms, was a different problem, and has fully resolved. Including it is the classic proficient-level trap: note detail that looks like it could be relevant, but is not.

- **Cetirizine in the current medication list**

The course is completed and the condition resolved. The medication list contains what the recipient needs for ongoing management — not a historical drug record.

CRITERION IN FOCUS · CONCISENESS & CLARITY

Proficient cases embed clinical distractors — the shoulder pain, the viral illness — that look relevant but are not. Under 2026 marking, including a distractor costs Conciseness & Clarity, weakens Content, and dilutes Purpose. The hallmark of a proficient candidate is cutting incidental findings without hesitation.

Write this letter, then get it marked at oetwritingcorrection.com/oet-writing-services