HEART RX CARDIOLOGY

REFERRAL FORM

Dr Sam Hillier	Imaging Cardiologist
Dr Ram Saireddy	Interventional Cardiologist
Dr Tim Carruthers	Consultant Cardiologist
Dr Ben Reeves	Paediatric Cardiologist
Dr Kieran Dauber	Cardiologist & Electrophysiologist

PATIENT NAME: ..... DATE OF BIRTH: .....

ADDRESS: .....

MOBILE: ..... PHONE: .....

REFERRAL FOR:

Bulk Billed Test:

Patient must have a valid & current Medicare Card

- ☐ ECHOCARDIOGRAM
- ☐ HOLTER MONITOR

Patient Pays on Day of Appointment:

Phone Heart Rx on 4031 2188 if you would like to know our current fees

- ☐ CARDIOLOGIST CONSULTATION
- ☐ ELECTROPHYSIOLOGIST CONSULTATION
- ☐ PAEDIATRIC CARDIOLOGIST CONSULTATION
- ☐ EXERCISE STRESS TEST (EST)
- ☐ EXERCISE STRESS ECHO (ESE)
- ☐ AMBULATORY BLOOD PRESSURE MONITOR (ABPM)
- ☐ ECG
- ☐ TRANSOESOPHAGEAL ECHO (TOE) AT CAIRNS PRIVATE HOSPITAL
- ☐ CORONARY ANGIOGRAM +/- PCI AT CAIRNS PRIVATE HOSPITAL

REFERRAL TO:

- ☐ FIRST AVAILABLE CARDIOLOGIST

OR TO DOCTOR: .....

Clinical Information:

- ☐ BREATHLESSNESS
- ☐ CHEST PAIN
- ☐ PALPITATIONS
- ☐ ARRHYTHMIA
- ☐ DIZZINESS
- ☐ SYNCOPE
- ☐ SMOKER .....
- ☐ PREVIOUS PCI .....
- ☐ PACEMAKER .....

ECG: NORMAL ☐ ABNORMAL ☐ (Attach if abnormal)

ABILITY TO WALK ON A TREADMILL: YES ☐ NO ☐

If no, reason why: .....

CLINICAL DETAILS (including history and clinical findings):

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REFERRING DOCTOR (please print): .....

YOUR PRACTICE STAMP

IF REFERRAL FROM A HOSPITAL, CONSULTANT NAME: .....

PROVIDER NUMBER (must be provided): .....

PRACTICE / LOCATION: .....

PHONE: ..... FAX: .....

SIGNATURE: ..... DATE: .....

Please do not give this referral to your patient - it must be sent to Heart Rx to be reviewed by a Cardiologist before appointment is booked

Heart Rx Cardiology, 12 Grove Street, Cairns North QLD 4870
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www.heartrx.com.au

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