

PATIENT NAME: DATE OF BIRTH:

ADDRESS:

MOBILE: PHONE: MEDICARE NO:

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 for Current Fees

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

REFERRAL TO:

- CONSULT WITH 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