

REFERRAL FORM

PATIENT DETAILS

Name:

Date of Birth:

Address:

Telephone [hm]:

Mobile:

CONSULT / INVESTIGATIONS REQUESTED

CLINICAL DETAILS

REFERRING DOCTOR DETAILS

RESULTS

Fax:

Email:

Copy to:

DOCTORS SIGNATURE

DATE

INVESTIGATIONS

- ☐ 12 lead resting ECG
- ☐ Transthoracic Echocardiogram
 - ☐ Initial echocardiogram
 - ☐ Frequent echocardiogram request for GPs
 - ☐ Valvular dysfunction
 - ☐ Structural / heart failure
 - ☐ Rare conditions
 - ☐ Frequent echo
- ☐ Exercise Stress Echocardiogram (with consult)
- ☐ Exercise Stress Test (with consult)
- ☐ Cardiac Internal Electronic Device Interrogation
(with consultation)
- ☐ Ambulatory ECG (Holter) monitoring
 - ☐ 24 hours
 - ☐ 3 days
 - ☐ 5 days
- ☐ Ambulatory 24 hour BP monitoring

CARDIOLOGY CONSULT REQUEST

NORTHERN CARDIOLOGY

- ☐ Dr Margaret Arstall
- ☐ Dr Sujith Chacko
- ☐ Dr Dimitrios Lypourlis
- ☐ Dr Gnanadevan Mahadavan [Consults & Stress Echos]
- ☐ Dr Rajiv Mahajan
- ☐ Dr Kumaril Mishra
- ☐ Dr Mohammad Omair [Consults & Stress Echos] Dr
- ☐ Gao Ong
- ☐ Dr Purendra Pati
- ☐ Dr Andien Munawar
- ☐ Dr Ivan Straznicky

GAWLER CLINIC

- ☐ Dr Mithun Varghese [Consults & Stress Echos]
- ☐ Dr Sujith Chacko

KAPUNDA CLINIC

- ☐ Dr Kumaril Mishra

PORT PIRIE CLINIC

- ☐ A/Prof Margaret Arstall (Cardiac Device Clinic)
- ☐ Dr Kumaril Mishra (consult)
- ☐ Dr Mithun Varghese (consult)