strong hearts

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1. Patient details

Name: _____ **DOB:** _____ **Sex:** _____

Phone: _____ **Medicare:** _____

Address: _____ **Concession/DVA No:** _____

2. Requested service and urgency

- ☐ **Cardiac testing only (with report)**
- ☐ **Cardiology consultation only**
- ☐ **Consultation + cardiac testing**
- ☐ **Testing + consultation (only if indicated from test results)**
- ☐ **Stress testing + brief consult/testing review (eg. licence clearance)**

- ☐ Routine
- ☐ Semi-urgent
- ☐ Urgent

Reason for urgency: _____

Emergency symptoms should be directed to ED/acute pathways. Strong Hearts is not an emergency service.

3. Testing requested (if applicable)

All testing requests include an ECG for safety an monitoring purposes

Rhythm Monitoring

- ☐ ECG Only
- ☐ 24 Hour Holter
- ☐ 48 Hour Holter
- ☐ 7 Day Holter
- ☐ Heartbug 30-day event monitor

Imaging and Exercise Testing

- ☐ Echocardiogram
- ☐ Exercise stress echocardiogram
- ☐ Exercise stress test (ECG)*

*please note that an EST will be converted to a Stress Echo if ECG non-interpretable

Blood Pressure and Other

- ☐ 24 Hour blood pressure monitor
- ☐ Other: _____

Symptoms/Concerns

- ☐ Chest Pain/Angina
- ☐ Dysponea
- ☐ Hypertension
- ☐ Diabetes
- ☐ Abnormal ECG
- ☐ Palpitations/arrythmia
- ☐ Syncope
- ☐ Smoker
- ☐ Murmur
- ☐ Known IHD
- ☐ Cardiovasular Risk Ax
- ☐ Dyslipidaemia
- ☐ ARF/RHD
- ☐ Pacemaker
- ☐ Known other heart disease (please specify): _____

Other symptoms: _____

Clinical question / relevant details: _____

4. Previous investigations/interventions (if applicable)

Previous investigations or interventions: _____

Where / when performed: _____

Referrer: Please attach any previous imaging, clinical results, blood tests, medication lists, discharge summaries etc. that is relevant to the patient's care.
Patient: Bring all current medicines information, home BP readings, plus any reports not already attached.

Referrer details:

Name: _____ **Provider no#:** _____

Clinic details: _____

Phone: _____ **Fax:** _____

Referrer signature: _____ **Date:** _____