

1. Patient details

Name: _____ DOB: _____ Sex: _____
Phone: _____ Medicare: _____
Address: _____ Concession/DVA No: _____

2. Requested service and urgency

- | | |
|--|--------------------------------------|
| ☐ Cardiac testing only (with report) | ☐ Routine |
| ☐ Cardiology consultation only | ☐ Semi-urgent |
| ☐ Consultation + cardiac testing | ☐ Urgent |
| ☐ Testing + consultation (only if indicated from test results) | Reason for urgency: _____ |
| ☐ Stress testing + brief consult/testing review (eg. licence clearance) | |

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 and monitoring purposes

Rhythm Monitoring

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

Symptoms/Concerns

- ☐ Chest Pain/Angina
☐ Dyspnoea
☐ Hypertension
☐ Diabetes

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

- ☐ Abnormal ECG
☐ Palpitations/arrhythmia
☐ Syncope
☐ Smoker

- ☐ Murmur
☐ Known IHD
☐ Cardiovascular Risk Ax
☐ Dyslipidaemia

Blood Pressure and Other

- ☐ 24 Hour blood pressure monitor
☐ Other: _____

- ☐ 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: _____