Cardiac And Vascular
Diagnostic Centre Chermside

For all appointments & reports
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EXAMINATION NEEDED:

Cardiac Investigations

- □ Echocardiography
- □ Holter Monitor (24hr)
- □ ECG (Reported)
- □ Exercise Stress Echocardiogram**
- □ 24 Ambulatory Blood Pressure Monitor
- □ Consultation with Cardiologist

*** For diagnostic exercise testing, patients should discontinue beta blockers, digoxin, verapamil and diltiazem 48 hours prior to testing.*

PATIENT DETAILS

Patient Name: _____ Date of birth: _____

Residential Address: _____

Phone number: _____

Medicare No.: _____

MEDICARE CRITERIA for TESTING:

Please tick appropriate Symptoms

- □ **Shortness of breath**
- □ **Chest pain**
- □ **Pre-syncope**
- □ **Syncope**
- □ **ECG Changes**
- □ **Pre-operative assessment**
- □ **Recent hospital admission for cardiac reasons**

Please tick any Previous History:

- □ **Coronary artery disease**
- □ **Previous Stents**
- □ **Coronary artery bypass surgery**
- □ **Valvular Heart Disease**
- □ **Diabetes**
- □ **Hypertension**
- □ **High cholesterol**
- □ **Atrial fibrillation/flutter**
- □ **Supraventricular tachycardia (SVT)**
- □ **Pacemaker/Defibrillator**
- □ **Alcohol Yes / No**

MEDICATION LIST:

ALLERGIES:

SMOKING HISTORY: _____

FAMILY HISTORY:

PAST HISTORY:

REASON FOR REFERRAL:

PLEASE ATTACH A COPY OF RECENT BLOOD TESTS AND ANY PRIOR CARDIAC INVESTIGATIONS TO THIS REFERRAL

REFERRER DETAILS

Referrer Name: _____ Signature: _____

Provider Number: _____ Date: _____

**** Please email/fax us a copy of this referral in order to get an appointment.**

https://cardiacandvasculardiagnostics.com.au/