



theAlfred

The Alfred Heart Centre

Referral Form

Fax: 03 9076 2461



Heart Centre
AT THE ALFRED

Identify – Patient and Referring Doctor		Referral Date:
Patient Details: Alfred UR Number (if known): _____ DOB: _____		
First Name: _____ Surname: _____ Gender: _____		
Address: _____		
Contact Phone: Home: _____ Work: _____ Mobile: _____		
Interpreter Required / Language: _____		
Referring Doctor:		Provider No: _____
Name: _____		Signature: _____
Mailing Address: _____		
Contact Phone: _____		Fax Number: _____
Referral Duration: <input type="checkbox"/> Opinion Only <input type="checkbox"/> 3 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Indefinite		
Situation – Reason for referral / Relevant clinical details		
Background – Relevant medical history and medications		
History - Or Summary letter attached <input type="checkbox"/>		
Please attach any recent Investigations. Attached: <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Bloods <input type="checkbox"/> Other:		
Medication List - Or List attached <input type="checkbox"/>		
Assessment – Priority		
Review Priority: <input type="checkbox"/> Urgent (1 week) <input type="checkbox"/> Semi Urgent (1 month) <input type="checkbox"/> Next Available		
Request – Clinic / Investigation		
Investigations		
<input type="checkbox"/> Exercise Stress Test – Treadmill		<input type="checkbox"/> 24 Hour ECG Holter Monitoring
Echocardiography: <input type="checkbox"/> Stress / Exercise	<input type="checkbox"/> Transthoracic (TTE)	
<input type="checkbox"/> Dobutamine (DSE)	<input type="checkbox"/> Transoesophageal (TOE)*	
<input type="checkbox"/> Ambulatory Blood Pressure Monitor*		
<i>*Requires consultation for external referrals.</i>		
Clinic: Refer clinics to Professor David Kaye or specify Dr: _____		
<input type="checkbox"/> General Cardiology	<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> Women’s Heart Health
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Pacemaker & ICD	<input type="checkbox"/> Non Coronary Intervention
<input type="checkbox"/> Structural Heart	<input type="checkbox"/> General Heart Failure (incl Transplant Assessment)	
<input type="checkbox"/> Lipid Disorders	<input type="checkbox"/> Heart Failure with Preserved Ejection Fraction (HFPEF)	
<input type="checkbox"/> Inherited Diseases (Marfan’s & Hypertrophic Cardiomyopathy)		

Heart Centre: The Alfred, 3rd Floor, Philip Block, 55 Commercial Road, Melbourne Vic 3004

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