AlfredHealth

UR:

Family Name

Given Names

Date of Birth

Gender: ☐ Male ☐ Female

☐ Alfred ☐ Sandringham ☐ Caulfield

Unit: .

REFERRAL TO CATHETER LAB

Patient Details			
Family Name		Given Name	
DOB		Gender	☐ Male ☐ Female
Address			
Ph Mob		Ph Wk/Hm	
Interpreter required	☐ No ☐ Yes	Language	

Anticoagulation	☐ No ☐ Yes►	☐ Warfarin ☐ NOAC List
	Cease Pre Procedure	☐ No ☐ Yes ► Plan
Allergies	☐ Nil Known ☐ Yes ►	List

Category	☐ 1 ☐ 2 ☐ 3

Procedure Required

	Angiogram		PPM Implant		AF Ablation
	Angiogram +/- PCI		PPM Change		Atrial Flutter Ablation
	PCI		BiV PPM Implant		AV Node Ablation
	L & R Heart Catheter		BiV PPM Change		EPS / RFA
	Aortic Valvulopasty		BiV ICD Implant		PFO Closure
	Mitral Valvuloplasty		BiV ICD Change		ASD Closure
	Lower Limb Angiogram		ICD Implant		Transoesophageal Echo
	Right Heart Catheter		ICD Change		TOE / DCR
	RHC with Exercise		Lead Manipulation		DCR
	Cardiac Biopsy		Lead Insertion		
			Loop Recorder Implant		
			Loop Recorder Removal		
			Device upgrade - specify		

Clinical Indications

Comorbidities				
☐ Nil	☐ Cardiac	☐ Renal	☐ Respiratory	☐ Diabetes Type 1 / Type 2
☐ Other				

Referring Cardiologist Details			
Doctor Name			
Address			
Phone		Fax	
Signature		Date	

Fax referral to: 9076 0393 Enquiries: 9076 2063

cardiology.waitlist@alfred.org.au

Scanned to: Referrals / Heart Centre Referral Alfred

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