

☐ Alfred ☐ Sandringham ☐ Caulfield

REFERRAL TO HEART CENTRE

Family Name*				Given Name*				Date of Birth*			
*mandatory fields											
<ul style="list-style-type: none"> Attach all relevant histopathology reports and investigations Your patient will be contacted with appointment details 											
Enquiries: T 613 9076 2025 F 613 9076 6938 E outpatient@alfred.org.au											
Patient Details											
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other			Telephone							
Address											
Residential Facility	<input type="checkbox"/> Yes			Interpreter	<input type="checkbox"/> Yes			Language			
Medicare No				Reference No				Expiry			
<input type="checkbox"/> Bulk Bill <input type="checkbox"/> Private <input type="checkbox"/> Pensioner <input type="checkbox"/> TAC <input type="checkbox"/> WorkCover <input type="checkbox"/> DVA <input type="checkbox"/> Other											
Aboriginal or Torres Strait Islander											
Cultural considerations / support needs											
Contact Person	Name										
	Relationship						Telephone				
Reason for referral / presenting problem / current management / impact of problem for patient											
Relevant History or, summary attached <input type="checkbox"/> Yes											
Medication List or, summary attached <input type="checkbox"/> Yes											
Appointment Priority <input type="checkbox"/> Urgent (1 week) <input type="checkbox"/> Semi urgent (1 Month) <input type="checkbox"/> Next available Telehealth suitable <input type="checkbox"/> Yes <input type="checkbox"/> No											
Referrer Details			Date of Referral						Provider No		
Name				Address							
Telephone				Email							
Fax				Referral duration	<input type="checkbox"/> 3 months <input type="checkbox"/> 12 months <input type="checkbox"/> Indefinite						
Copies to											

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Clinic Consultation

<input type="checkbox"/> AMVC (Alfred Minimally Invasive Vascular Clinic)	<input type="checkbox"/> Amyloid	<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Cardiac arrest	<input type="checkbox"/> General Cardiology	<input type="checkbox"/> Heart Failure
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hypertrophic Cardiomyopathy HCM	<input type="checkbox"/> Lipid
<input type="checkbox"/> Marfans	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Structural Heart
<input type="checkbox"/> Women's Heart Health	Comments	

Investigation

<input type="checkbox"/> 24 Hour ECG Holter Monitoring	<input type="checkbox"/> Event Monitor
<input type="checkbox"/> 24 Hour Ambulatory Blood Pressure Monitor	

Investigation	Reason for test
<input type="checkbox"/> Exercise Stress Echocardiogram (Treadmill) <i>Patient must be able to walk on treadmill unassisted.</i> <i>If unable, consider Dobutamine Stress Echo</i> <input type="checkbox"/> Dobutamine Stress Echocardiogram (DSE)	<input type="checkbox"/> Angina pain – chest, neck, shoulders, jaw, arm <input type="checkbox"/> Dyspnoea, suspected coronary artery disease <input type="checkbox"/> Angina symptoms precipitated by physical exertion <input type="checkbox"/> Pre-op risk stratify (< 4 ME + IHD, HF, stroke, eGFR < 60 ml/min or DM + insulin) <input type="checkbox"/> Assess severity with exercise: valve regurgitation or aortic stenosis <input type="checkbox"/> Suspect silent myocardial ischaemia, unable to assess symptoms (cognitive / speech impairment) Medication <input type="checkbox"/> beta blockers <input type="checkbox"/> diltiazem / nifedipine / verapamil <input type="checkbox"/> ivabradine <input type="checkbox"/> None of the above Previous Test <input type="checkbox"/> Never <input type="checkbox"/> Within 24 months <input type="checkbox"/> > 24 months
<input type="checkbox"/> Treadmill Exercise Stress Test	<input type="checkbox"/> Cardiac disease exacerbated by exercise <input type="checkbox"/> First degree relatives with suspected heritable arrhythmia Previous Test <input type="checkbox"/> Never <input type="checkbox"/> Within 24 months <input type="checkbox"/> > 24 months
<input type="checkbox"/> Transthoracic Echocardiogram (TTE)	
<input type="checkbox"/> Transoesophageal (TOE)	Only specialists can refer. Non-specialists must discuss request with Cardiology Echocardiography Registrar via The Alfred switchboard, 9076 2000 8:00-4:00

➔ Return referral to outpatient@alfred.org.au