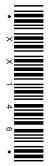
AlfredHealth

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Alfred Sandringham Caulfield

REFERRAL TO HEART CENTRE

 Attach all relevant histopathology reports and investigations Your predient will be conclected with appointment details	Last name*			First na	ame/s*				Date of	birth*	
Vour patient will be contacted with appointment details Enquires: T 613 9076 2025 F 613 9076 6938 E op.referrals@alfred.org.au Patient details Sex at birth* Female Male Other Telephone Gender identity Female Male Other Telephone Gender identity Pemale Male Not binary Not stated Prefer not to answer Different term Address Residential facility Yes Interpreter Yes Language Medicare No Reference No Expiry NDIS Bulk Bill Private Pensioner TAC WorkCover DVA Other Indigenous status Not Aboriginal or Torres Strait Islander Torres Strait Islander Torres Strait Islander Not specified Cultural / support needs Cultural / support needs Contact person name Relationship Ph Reason for referral / presenting problem / current management / impact of problem for patient Relevant history or, summary attached Yes Medication list or, summary attached Yes Medication list or, summary attached Yes Referrer details Date of referral Address Telephone Email Fax Referrat R	Attach all re	levant histor	athology repor	ts and inv	vestigatio	ns					*mandatory field
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AlfredHealth

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Alfred Sandringham Caulfield

REFERRAL TO HEART CENTRE

Last name*			First name/s*			Date of birth*			
	11 - 12								
Clinic consu									
AMVC (Alfred Minimally Invasive Vascular Clinic)		□ Amyloid			☐ Arrhythmia				
□ Cardiac arrest		□ General	Cardiology		□ Heart Failure				
□ Hypertension		□ Hypertro	ophic Cardiomyo	pathy HCM	□ Lipid				
□ Marfans		□ Pacema	aker		□ Structural Heart				
□ Women's Hea	art Health	Comments	;						
Investigation									
		-1		-					
□ 24 Hour ECG	Holter Monito	ring	Event Monito	r					
□ 24 Hour Amb	ulatory Blood F	Pressure Mo	nitor						
Investigation	ı		Reason for t	est					
 Exercise Stress Echocardiogram (Treadmill) Patient must be able to walk on treadmill unassisted. If unable, consider Dobutamine Stress Echo Dobutamine Stress Echocardiogram (DSE) 		 Angina pain – chest, neck, shoulders, jaw, arm Dyspnoea, suspected coronary artery disease Angina symptoms precipitated by physical exertion Pre-op risk stratify (< 4 ME + IHD, HF, stroke, eGFR < 60 ml/min or DM + insulin) Assess severity with exercise: valve regurgitation or aortic stenosis Suspect silent myocardial ischaemia, unable to assess symptoms (cognitive / speech impairment) Medication beta blockers diltiazem / nifedipine / verapamil ivabradine None of the above Previous test Never Within 24 months > 24 months 							
□ Treadmill Exercise Stress Test		est	 Cardiac disease exacerbated by exercise First degree relatives with suspected heritable arrhythmia Previous test Never Within 24 months > 24 months 						
□ Transthoracic	Echocardiogra	am (TTE)							
☐ Transoesoph	□ Transoesophageal (TOE)		Only specialists can refer. Non-specialists must discuss request with Cardiology Echocardiography Registrar via The Alfred switchboard: 9076 2000 8:00am-4:00pm						

→ Return referral to <a>op.referrals@alfred.org.au