

☐ Alfred ☐ Sandringham ☐ Caulfield

REFERRAL TO HEART CENTRE

Last name*		First name/s*		Date of birth*	
*mandatory fields					
<div><div><div>• Attach all relevant histopathology reports and investigations</div><div>• Your patient will be contacted with appointment details</div></div><div>Enquiries: T 613 9076 2025 F 613 9076 6938 E op.referrals@alfred.org.au</div></div>					
Patient details					
Sex at birth*		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		Telephone	
Gender identity		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non binary <input type="checkbox"/> Not stated <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Different term			
Address					
Residential facility		<input type="checkbox"/> Yes		Interpreter <input type="checkbox"/> Yes	
				Language	
Medicare No		Reference No		Expiry	
				NDIS	
<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					
Indigenous status		<div><div><input type="checkbox"/> Not Aboriginal or Torres Strait Islander</div><div><input type="checkbox"/> Torres Strait Islander not Aboriginal</div><div><input type="checkbox"/> Aboriginal not Torres Strait Islander</div></div> <div><div><input type="checkbox"/> Aboriginal and Torres Strait Islander</div><div><input type="checkbox"/> Prefer not to answer</div><div><input type="checkbox"/> Not specified</div></div>			
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 <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"/> 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)
<input type="checkbox"/> Dobutamine Stress Echocardiogram (DSE)	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 8:00am-4:00pm

➔ Return referral to op.referrals@alfred.org.au