

ARRHYTHMIA CLINIC

Please address all referrals to:
Dr Sandeep Prabhu
Cardiologist and Electrophysiologist
Sandringham Arrhythmia Clinic
FAX NUMBER: 9076 1252
PHONE: 9076 1288

	Sandringham Arrhythmia Clinic Referral
Patient details (or attach patient bradma)	Name: DOB: Alfred UR number (if available): Best contact number: Medicare number: Address:
Referring service	□ Emergency department: SDMH □ Alfred □ □ Inpatient Unit: SDMH □ Alfred □ Unit: □ LMO: Referring doctor name: Referring doctor provider number: Referring doctor address or clinic stamp:
Reason for referral	□ Atrial fibrillation (AF) □ Ventricular tachycardia (VT) □ Supraventricular tachycardia (SVT) □ Syncope □ Other:
Relevant details:	
Interpreter required?	□ No □ Yes Language (if yes):
Pacemaker or cardiac	□ No □ Yes Device brand: □ Medtronic □ Boston □ Sorin
device present?	(if known) □ St Jude/Abbott □ Biotronik
Review urgency	☐ 1-2 weeks ☐ 1 month ☐ Next available
OFFICE USE ONLY	Date received: Date Triaged: