

For Clinical Assessment & Cardiovascular Investigations

The Alfred Hospital, 3rd Floor, Philip Block
 Commercial Road, Melbourne Victoria 3004 Australia
 Ph: 61 3 9076 3263 / 6525 Fax: 61 3 9076 2461

Patient Details

Name: _____ DOB/UR Number: _____ M/F: _____

Address: _____

Phone: Home: _____ Work: _____ Mobile: _____

Reason for Referral: _____

Medications: _____

Referring Doctor Details

Name: _____ Provider No: _____

Address: _____

Signature: _____ Phone: _____ Referral Date: _____

Opinion Only 3 Months 12 Months Indefinite

Medical Priority Urgent (1 week) Semi Urgent (1 month) Next Available

<u>Investigations</u>	<u>Consultation</u>	Yes/No (Circle)
<input type="checkbox"/> Exercise Stress Test – Treadmill	Specify Dr	or
<input type="checkbox"/> 24 Hour ECG Holter Monitoring	<u>Clinics</u>	
<input type="checkbox"/> Echocardiography	<input type="checkbox"/> General Cardiology	
<input type="checkbox"/> Transthoracic	<input type="checkbox"/> Pacemaker and ICDs	
<input type="checkbox"/> Stress	<input type="checkbox"/> Arrhythmia Clinic	
<input type="checkbox"/> Dobutamine	<input type="checkbox"/> Heart Failure/Tx	
<input type="checkbox"/> Transoesophageal (Requires Consultation for outpatient referrals)	<input type="checkbox"/> Hypertension	
	<input type="checkbox"/> Lipid Disorders	
	<input type="checkbox"/> Marfan's Syndrome	
	<input type="checkbox"/> Minimally Invasive Vascular	

Appointment Booked for: Date: _____ Time: _____

