



My Heart Cardiology

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POTS Referral Form

147 Moreland Road, Coburg VIC 3058
29-31 Station St, Fairfield VIC 3078
51 McLister St, Spotswood VIC 3015
38-40 Gap Rd, Sunbury VIC 3429
5 Neal Street, Gisborne VIC 3437
182 Station Rd, New Gisborne VIC 3438

Patient's details

Name:	Date of Birth:	Medicare number:
Phone/Mobile:	Address:	

Referral Type - Please note that POTS service is ONLY offered at Coburg site

- ☐ **Specialist Review + Cardiovascular Autonomic Function Testing (CAFT) - Fees Apply**
☐ **Cardiovascular Autonomic Function Testing (CAFT) Only (No Consultation) - Fees Apply**

Reason for Referral

- ☐ Suspected POTS
☐ Orthostatic intolerance
☐ Post-viral / Post-COVID dysautonomia
☐ Fatigue / exercise intolerance
☐ Brain fog / cognitive slowing
☐ Palpitations / tachycardia
☐ Syncope / presyncope
☐ Suspected autonomic dysfunction
☐ Thermoregulatory or GI symptoms
☐ Other

Current Medications

Please include all prescribed, OTC, and supplements:

Symptoms (brief):

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Relevant Medical History:

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Please attach ALL available investigations:

- Echocardiogram
- Stress Test / Exercise ECG
- Holter Monitor Report
- Blood test results (FBE, iron studies, B12, TSH, cortisol, etc.)
- Imaging reports (e.g., CT, MRI)
- Any relevant specialist letters or documentation

Referring Practitioner Details

Name:	Phone:
Provider Number:	Date:
Clinic:	Signature:
Email:	