My Heart Cardiology

Chest Pain Clinic Referral Form

Healthlink EDI: myheartc
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Suite 8.3, 89 Bridge Rd, Richmond VIC 3121
147 Moreland Road, Coburg VIC 3058
38-40 Gap Rd, Sunbury VIC 3429
5 Neal Street, Gisborne VIC 3437
182 Station Rd, New Gisborne VIC 3438
89 Piper St, Kyneton VIC 3444

Patient's Details

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

Reason for Referral

- [ ] New onset chest pain
- [ ] Exertional chest pain
- [ ] Atypical chest pain
- [ ] Possible angina
- [ ] Post-ED presentation
- [ ] Cardiovascular risk assessment
- [ ] Other:

Current Medications

Please include all prescribed medications, OTC drugs, and supplements:

Cardiovascular Risk Factors:

- [ ] Hypertension
- [ ] Diabetes
- [ ] Dyslipidaemia
- [ ] Smoking
- [ ] Family history of IHD
- [ ] CKD
- [ ] Obesity

Past Cardiac History:

- [ ] Known CAD
- [ ] PCI/Stent
- [ ] CABG
- [ ] Heart failure
- [ ] Arrhythmia
- [ ] Valve disease
- [ ] None

Details:

Service Requested:

- [ ] Urgent consult
- [ ] Stress test
- [ ] CTCA (after a consult)
- [ ] Cardiologist to decide

Additional Notes:

Initial Investigations (attach if available)

ECG **Lipids** **CXR**
Troponin **HbA1c** **Other:**

Referring Practitioner Details

Name:		Phone:	
Provider Number:		Date:	
Clinic:		Signature:	
Email:		Using Saved Drawing Signature / Using Saved E-Signature	

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