



My Heart Cardiology

Chest Pain Clinic Referral Form

- * Healthlink EDI: myheartc
- www.myheartcardiology.com.au
- referral@myheartcardiology.com.au
- Tel: (03) 9854 6444
- Fax: (03) 9854 6445

- 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:

- | | |
|--|--|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Family history of IHD |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> CKD |
| <input type="checkbox"/> Dyslipidaemia | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Smoking | |

Past Cardiac History:

- | | |
|--|--|
| <input type="checkbox"/> Known CAD | <input type="checkbox"/> Arrhythmia |
| <input type="checkbox"/> PCI/Stent | <input type="checkbox"/> Valve disease |
| <input type="checkbox"/> CABG | <input type="checkbox"/> None |
| <input type="checkbox"/> Heart failure | |

Details:

Service Requested:

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

Additional Notes:

Initial Investigations (attach if available)

EKG	Lipids	CXR
Troponin	HbA1c	Other:

Referring Practitioner Details

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