



My Heart
Cardiology

POTS 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:	

Please note that POTS service is ONLY offered at our Coburg and Epworth Richmond sites.

Reason for Referral

- Suspected POTS
- Post-viral / Post-COVID dysautonomia
- Palpitations / tachycardia
- Suspected autonomic dysfunction

Current Medications

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

Symptoms (brief):

Relevant Medical History:

Please attach ALL available investigations:

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

Referring Practitioner Details

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