My Heart Cardiology

POTS Referral Form

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referral@myheartcardiology.com.au
Tel: (03) 9854 6444
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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

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
- 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:	