

Patient Name

DOB

Address

Phone & Email

#### REFERRAL FOR

Cardiac Consultation  
CV risk assessment clinic  
Rapid access chest pain clinic  
AF Clinic

#### INVESTIGATIONS REQUIRED

Echocardiogram  
Stress Echo - Combined  
(Resting echo plus stress assessment)  
Stress Echo - Functional only  
(Stress assessment only)

#### STRESS TESTING INDICATION

##### *Stress Echo/Test*

Chest Pain  
Ischemic ECG changes  
Exertional symptoms suggestive of CVD  
Functional assessment of CAD following  
positive angio/CTCA

Dobutamine stress echo  
Exercise stress test  
Holter Monitor (24 hour)  
Resting ECG  
Heart Bug (30 day continuous ECG  
Monitoring)  
Ambulatory BP Monitor\*

\*Not covered by Medicare

##### *Stress Echo only*

Pre-op assessment in high risk patient  
Suspected silent ischemia

##### *Stress test only*

Suspected inherited arrhythmia

#### Clinical History

Referring Doctor

Referral Date

**NEXT APPOINTMENT**



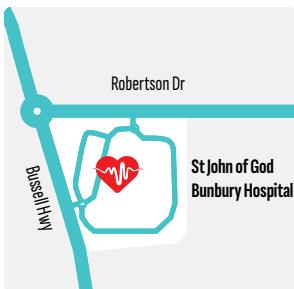
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