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S O U T H W E S T  
CARDIOVASCULAR

Patient Name

DOB

Address

Phone & Email

#### REFERRAL FOR

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

#### STRESS TESTING INDICATION

##### **Stress Echo/Test**

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

##### **Stress Echo only**

Pre-op assessment in high risk patient  
Suspected silent ischemia

##### **Stress test only**

Suspected inherited arrhythmia

Clinical History

#### INVESTIGATIONS REQUIRED

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

Referring Doctor

Referral Date

## NEXT APPOINTMENT



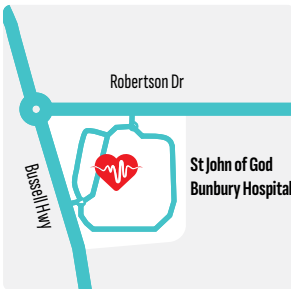
### Australind

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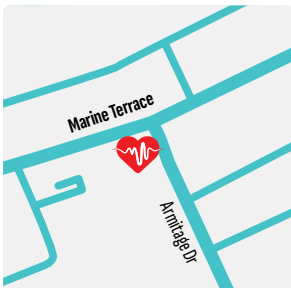
### Bunbury

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### Geographe

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