Name:

Address:

Clinical Notes:

Referring Doctor’s Details:

Copies To:

Doctor’s Signature: Date:

1 Consultation
2 Nephrology Consultation
3 Exercise ECG
4 Echocardiography (Including a separate full resting Echo)
5 Stress Echo
6 Pacemaker Check
7 12-Lead ECG
8 24 Hour Holter Monitor
9 24 Hour BPM
9 Other (please specify)

Appointment a.m. p.m. / / 

PLEASE FAX REFERRAL FOR ALL APPOINTMENTS

St. Albans Fax: 9356 9799
Hoppers Crossing Fax: 9748 7388
Williamstown Fax: 9397 0135
Essendon North Fax: 9379 3468
Sunbury Fax: 9379 3468
Altona North Fax: 9379 0135

Date of Birth:
Telephone:
Medicare No.

Your appointment is reserved especially for you. Please note any cancellations with less than 24 hours notice may incur an administrative fee.

PLEASE FAX REFERRAL FOR ALL APPOINTMENTS

St. Albans Fax: 9356 9799
Hoppers Crossing Fax: 9748 7388
Williamstown Fax: 9397 0135
Essendon North Fax: 9379 3468
Sunbury Fax: 9379 3468
Altona North Fax: 9379 0135

Appointment a.m. p.m. / / 

Date of Birth:
Telephone:
Medicare No.

Your appointment is reserved especially for you. Please note any cancellations with less than 24 hours notice may incur an administrative fee.

PLEASE FAX REFERRAL FOR ALL APPOINTMENTS

St. Albans Fax: 9356 9799
Hoppers Crossing Fax: 9748 7388
Williamstown Fax: 9397 0135
Essendon North Fax: 9379 3468
Sunbury Fax: 9379 3468
Altona North Fax: 9379 0135

Appointment a.m. p.m. / / 

Date of Birth:
Telephone:
Medicare No.

Your appointment is reserved especially for you. Please note any cancellations with less than 24 hours notice may incur an administrative fee.

PLEASE FAX REFERRAL FOR ALL APPOINTMENTS

St. Albans Fax: 9356 9799
Hoppers Crossing Fax: 9748 7388
Williamstown Fax: 9397 0135
Essendon North Fax: 9379 3468
Sunbury Fax: 9379 3468
Altona North Fax: 9379 0135

Appointment a.m. p.m. / / 

Date of Birth:
Telephone:
Medicare No.

Your appointment is reserved especially for you. Please note any cancellations with less than 24 hours notice may incur an administrative fee.

PLEASE FAX REFERRAL FOR ALL APPOINTMENTS

St. Albans Fax: 9356 9799
Hoppers Crossing Fax: 9748 7388
Williamstown Fax: 9397 0135
Essendon North Fax: 9379 3468
Sunbury Fax: 9379 3468
Altona North Fax: 9379 0135

Appointment a.m. p.m. / / 

Date of Birth:
Telephone:
Medicare No.

Your appointment is reserved especially for you. Please note any cancellations with less than 24 hours notice may incur an administrative fee.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exercise ECG Stress Test</strong></td>
<td>Monitoring of the blood pressure and ECG during exercise on a treadmill. The test is completed when the patient has achieved an adequate heart rate and workload, or the patient develops symptoms that requires the test to be stopped.</td>
<td>It is recommended you stop using Beta blockers 24 hours before your test, unless otherwise instructed by your doctor. Please wear comfortable shoes and clothes to walk/run in and bring all your medication with you on the day.</td>
</tr>
<tr>
<td><strong>Echocardiogram</strong></td>
<td>Also known as a Transthoracic Echo, is an ultrasound test of the heart which looks at the function of the heart muscle, valves and structure.</td>
<td>No special preparation required.</td>
</tr>
<tr>
<td><strong>Stress Echocardiogram</strong> (Please allow 1 hour)</td>
<td>This is a specialised test that requires 2 stages. The first is a full resting study to assess any unexpected abnormalities that the stress echo will not necessarily assess (eg. valvular abnormality). Then the exercise study, where limited images of the heart are taken before and after treadmill testing.</td>
<td>It is recommended you stop using Beta blockers 24 hours before your test, unless otherwise instructed by your doctor. Please wear comfortable shoes and clothes to walk/run in and bring all your medication with you on the day.</td>
</tr>
<tr>
<td><strong>Pacemaker Check</strong> (Please allow 30 minutes)</td>
<td>Monitoring of cardiac implantable electronic devices performed by the Electrophysiologist with a dedicated device clinic. Using a special magnet and computer to check and modify the pacemaker to best suit the patient’s own heart.</td>
<td>No special preparation required.</td>
</tr>
<tr>
<td><strong>12-Lead ECG</strong> (Please allow 10 minutes)</td>
<td>A 12-Lead ECG measures and records the electrical activity of the heart.</td>
<td>No special preparation required.</td>
</tr>
<tr>
<td><strong>24 hour ECG Holter Monitor</strong></td>
<td>Recording of the heart rhythm for 24 hours on a small recorder.</td>
<td>Please wear comfortable two piece attire. Patients can perform normal activities except bathing, therefore endeavour to bathe/shower prior to having the monitor fitted.</td>
</tr>
<tr>
<td><strong>24 hour Blood Pressure Monitor</strong></td>
<td>A blood pressure cuff is placed around the patient’s upper arm, taking a blood pressure reading every 30-60 minutes over 24 hours on a small recorder.</td>
<td>Please wear two piece attire with a loose fitting top. Patients can perform normal activities except bathing, therefore endeavour to bathe/shower prior to having the monitor fitted.</td>
</tr>
</tbody>
</table>

Your Doctor has recommended you use Heartwest. You may choose another provider but please discuss this with your Doctor first.