

## REFERRAL FORM

### Patient Details

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 DOB \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### Clinical Details Please provide list of latest medications and recent investigations if possible

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Services Requested

- Cardiac Consultation
- ECG
- Echocardiography
- Stress Echo/Stress ECG
- 24hr ABP Monitor
- Holter Monitor

### Referrer Details

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
 Provider No: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 GP Name (If not referrer) \_\_\_\_\_

### Appointment Details

Date \_\_\_\_\_  
 Time \_\_\_\_\_

### Address

Suite 401 RPAH Medical Centre  
 100 Carillon Avenue Newtown NSW 2042

### Requested Doctor

- First Available Doctor
- A/Prof Raj Puranik FRACP PhD SCMRIII
- Dr Alla Waldman FRACP PhD
- Prof Anthony Keech FRACP FCSANZ FAHMS
- Dr Alice Tiong FRACP PhD
- A/Prof Michael Kilborn FRACP FCSANZ FACC DPhil
- A/Prof Martin Ng FRACP PhD
- Dr Mark Dennis FRACP PhD DDU SCMRIII
- Dr Hatish Jangwal MD FRACP

