CoreVue HEART CARE

REFERRAL FORM

Patient Name: **Date of Birth:**

Address: **Sex:** **M** **F**

Medicare No: **Telephone:**

- [ ] Echocardiography (TTE)
- [ ] Echocardiography with contrast
- [ ] Treadmill Stress Echocardiography + TTE
- [ ] Transoesophageal Echocardiography (TOE)
- [ ] Treadmill Stress Echocardiography (TSE)
- [ ] Dobutamine Stress Echocardiography (DSE)

- [ ] Coronary Calcium Score
- [ ] CT Coronary Angiography
- [ ] Structural Heart CT
- [ ] Cardiac MRI
- [ ] Stress Cardiac MRI
- [ ] Body Composition Analysis
- [ ] Carotid Ultrasound

- [ ] Holter Monitoring (please circle: 24h, 48h, 72h, 1w)
- [ ] Extended Rhythm Monitoring (HeartBug up to 4w)
- [ ] Ambulatory BP Monitoring

- [ ] Consultation
- [ ] Heart Function Clinic
- [ ] Rapid Access (within 24h)
- [ ] Risk Screening
- [ ] Weight Management
- [ ] Cardiac Genetics

CLINICAL NOTES:

CT CORONARY ANGIOGRAPHY:

eGFR or Creatinine:

Date of renal function test:

Heart rate:

Medication given:

Referrer:

Signature:

Date:

Copy to:

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