



### Patient Details

Patient Name	<input type="text"/>		
Address	<input type="text"/>	Suburb	<input type="text"/>
		Postcode	<input type="text"/>
Date of Birth	<input type="text"/>	Phone Number	<input type="text"/>
Medicare #	<input type="text"/>		

### Examination Required (All testing is bulk billed)

Please indicate if this appointment is urgent ☐

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Echocardiogram  | <input type="checkbox"/> Stress Echo (Treadmill)<br><small>(will include baseline echo appointment)</small> | <input type="checkbox"/> Stress Echo (Exercise Bike) - Stirling Only<br><small>(will include baseline echo appointment)</small> | <input type="checkbox"/> Holter Monitor         |
| <input type="checkbox"/> ECG   | <input type="checkbox"/> Exercise Test<br><small>(Includes baseline ECG)</small>                            | <input type="checkbox"/> Ambulatory BP Monitor  | <input type="checkbox"/> Event Monitor (3 days) |
| <input type="checkbox"/> CT Coronary Angiogram <small>(includes specialist review to assess the patient, ensure that a CTCA is clinically appropriate and meets Medicare criteria)</small> |   |   |   |

☐ Please book patient for Cardiology Consult if indicated by results

### Cardiology Consultant

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> A/PROF Michael Nguyen<br>Interventional Cardiologist | <input type="checkbox"/> Dr Jusin Ng<br>Cardiologist / Electrophysiologist | <input type="checkbox"/> Dr Hassan Kamalddin<br>Consultant Cardiovascular Physician | <input type="checkbox"/> Dr Robert Harvey<br>Interventional Cardiologist |
|---|--|---|--|

### Medical History / Medications:

### Specific Clinical Query?

### Referring Doctor

Name	<input type="text"/>	Provider Number	<input type="text"/>
Practice Name	<input type="text"/>	Date	<input type="text"/>
Health Link EDI	<input type="text"/>	Contact Number	<input type="text"/>

Send a copy of the report to

### Locations

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Joondalup</b><br>Sanori House<br>Suite 8, 126 Grand Boulevard<br>JOONDALUP WA 6027  | <input type="checkbox"/> <b>Nedlands</b><br>Hollywood Consulting Centre<br>Suite 307, 91 Monash Avenue<br>NEDLANDS WA 6009<br>(Entrance Gate 5) | <input type="checkbox"/> <b>Albany - Testing</b><br>Zone 2, Albany Health Campus<br>Warden Avenue<br>ALBANY WA 6330 |
| <input type="checkbox"/> <b>Rockingham - Testing</b><br>Level 1, 18 Civic Blvd, Rockingham<br>Located upstairs in the Rockingham<br>Medical & Dental Centre | <input type="checkbox"/> <b>Albany - Consulting &amp; Testing</b><br>102 Aberdeen Street<br>ALBANY WA 6330                                      | <input type="checkbox"/> <b>Mandurah</b><br>32 Minilya Parkway (cnr Lakes Rd)<br>GREENFIELDS WA 6210                |
| <input type="checkbox"/> <b>Midland - Testing</b><br>34 Railway Parade<br>MIDLAND WA 6065   | <input type="checkbox"/> <b>Murdoch</b><br>Wexford Medical Centre<br>Suite 55, 3 Barry Marshall Parade<br>MURDOCH WA 6150<br>(Level 3)          | <input type="checkbox"/> <b>Stirling - Testing</b><br>12/732 Karrynup Road<br>BALCATTA                              |