ADELAIDE ECHO CLINIC

CARDIAC TESTING REFERRAL

100% Bulk Billed

Tel: 0494940101
Fax: 0862898678
Medical-Obj: MO5125000LP

Patient name:	Date of Birth: / /
Address:	
Mobile Number:	Medicare Number:

Clinical Indications (Please circle all that applies)

- Chest pain | tightness | discomfort
- Dizziness
- Family history of heart disease
- Fluid retention
- Hypertension
- Ischaemic Heart Disease
- Murmur FI
- Palpitations
- Pre-syncope | Syncope
- Shortness of Breath (SOB) | SOB on exertion
- Signs of heart failure
- TIA
- Others...

Clinical Notes

Investigations Requested

- Echocardiogram
  - Initial (every 24 month)
  - Frequent repetition
- Holter monitor
  - 24 hrs
  - 7 days
- 24hr Ambulatory blood pressure monitor

PATIENT ECHO CONSENT

Signature:

Requesting Physician:	Provider number:
Clinic name:	Phone number:
Signature:	Fax number:
Copy To:	Date:

Birdwood Medical Clinic

40 Shannon Street Birdwood, SA 5234
(Tel): 8568 5156

Adelaide Road Clinic

25 Adelaide Road Gawler SA 5118
(Tel): 8522 1466

Munno Para Family Medical

Munno Para Shopping City
Shop 1-4, 600 Main North Road
Smithfield, South Australia 5114
(Tel): 8284 5588

Doctors At Westland

24-26 Ekblom Street
Whyalla Norrie SA 5608
(Tel): 8644 2944

Living Well With Dr Wilson

26 Kay Ave, Berri SA 5343
(Tel): 8582 2070

Please note, you may choose to use another provider for your test but first, discuss this with your doctor.