



NT Cardiac Pty Ltd
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NT CARDIAC REFERRAL REQUEST FORM

☐ Dr Marcus Ilton ☐ Dr Ren Yik Lim ☐ Dr Mohamed Abbas ☐ Any Cardiologist
☐ Dr Nadarajah Kangaharan ☐ Dr Roshan Prakash ☐ Dr Bo Remenyi (Paeds)

THANK YOU FOR SEEING:

Patient Name: _____ Male / Female

HRN: _____ Date of Birth: ____/____/____ Phone No: _____

Address: _____

PATIENT CLASSIFICATION

☐ Private ☐ Public ☐ Health Insurance / Workers Compensation
☐ Commercial License _____ ☐ Other (Specify) _____

PERIOD OF REFERRAL: (Please Circle) **3 Months** **6 Months** **12 Months** **Indefinite**

REQUEST

☐ Consultation
☐ ECG
☐ 24 Hour Holter Monitor
☐ 24 Hour BP Monitor
☐ Echocardiogram
☐ Six Minute Walk Test
☐ Pacemaker Review
☐ Exercise Stress Test

SYMPTOM(S)

☐ Chest Pain
☐ Breathlessness
☐ Palpitations
☐ Dizziness
☐ Syncope
☐ Other _____

RISK FACTOR(S)

☐ Hypertension
☐ Dyslipidaemia
☐ Diabetes
☐ Family History
☐ Smoking
☐ Alcohol
☐ Other _____

URGENCY (Please Circle)

HIGH

MEDIUM

LOW

CLINICAL HISTORY: _____

Please attach relevant ECG and pathology results

MEDICATIONS: _____

Referring Doctor: _____ Provider No: _____

Surgery/Clinic: _____ or Hospital: RDH / PRH / ASH / KH / GDH / TCH

Signature: _____ Date: _____

Telephone: _____ Fax: _____ Email: _____

PLEASE SEND REFERRALS TO NT CARDIAC

VIA FAX (08) 8945 1365 OR EMAIL admin@ntcardiac.com