



NAME _____

DATE OF BIRTH ____/____/____ TELEPHONE _____ MOBILE _____

APPOINTMENT PRIORITY

URGENT < 2 Days

ROUTINE (Next Available)

SEMI URGENT < 1 Week

HOSPITAL ADMISSIONS
(Contact rooms to advise)

CARDIAC & VASCULAR CONSULTATION

CHEST PAIN / EXERTIONAL SYMPTOMS

DYSPNOEA

ABNORMAL CARDIAC / VASCULAR TEST

HYPERTENSION

OTHER _____

CAROTID STENOSIS Symptomatic Asymptomatic

MIGRAINE FOR INVESTIGATION ? PFO

TIA / CVA FOR INVESTIGATION

INTERMITTENT CLAUDICATION / FOOT REST PAIN

CARDIAC INVESTIGATIONS

12 LEAD ECG

ECHOCARDIOGRAM

TRANSOESOPHAGEAL ECHOCARDIOGRAM * †

TRANSCRANIAL DOPPLER (PFO SCREENING)

CORONARY ANGIOGRAPHY (+/- STENTING) * †

EXERCISE STRESS TEST ▲

STRESS ECHOCARDIOGRAM ▲

VASCULAR DUPLEX SCANS AND TESTS

LOWER LIMB

LEFT

RIGHT

UPPER LIMB

LEFT

RIGHT

CAROTID

RENAL

ANKLE BRACHIAL INDEX - (indicated in diabetics, claudication and rest pain)

DIGITAL SUBTRACTION ANGIOGRAPHY * (+/- stenting) *

THROMBOEMBOLIC SCREENING

CLINICAL DETAILS

REFERRING DOCTOR _____ PROVIDER NO. _____

ADDRESS _____ DATE _____

SIGNATURE _____

CC _____

SHARPE CARDIOLOGY IS AFFILIATED WITH:

Pindara Private Hospital • John Flynn Private Hospital • Allamanda Private Hospital

* Denotes consultation required

† Denotes hospital admission required

▲ Denotes consultation if abnormal

LOCATIONS

2 Drury Avenue 32 Tamar St
Southport 4215 Ballina 2478

- Cardiovascular Consultation • Chest Pain Assessment • Cardiac Risk Assessment
- Angiography & Stenting - Coronary - Renal - Peripheral - Carotid • Pacemaker Implants
- Below-the-Knee Arterial Interventions • Valvuloplasty • Stroke Intervention • PFO/ASD Closures
- TCDI Screening • Intravascular Ultrasound • Rotastenting • Coronary Flow Wire • Atrial Appendage Closure

TEST	DURATION	PREPARATION
Stress Test	One Hour	Fast 2hrs prior to test. (water allowed) Wear comfortable clothing and footwear.
Stress Echocardiogram	One Hour	Fast 2hrs prior to test. (water allowed) Wear comfortable clothing and footwear.
Echocardiogram	30-45 Min	No preparation.
Renal, Mesenteric Aorto-iliac scan	One Hour	Fast 4-6hrs prior to your appointment. DO NOT have a heavy meal prior to fasting. Please DO drink water to keep well hydrated.
ECG	10-15 Mins	Clear dry skin. NO powder or creams.
Other Tests		No preparation.

CONSULTATION APPOINTMENTS

New Patients	Please post/fax your referral and patient information form prior to your appointment. Patient information form is available for download from the website www.sharpecardiology.com.au or contact rooms. Please bring fully up to date medication list.
Review Patients	Please bring a fully up to date medication list
All Patients	Please bring all relevant test results with you

DIRECT REFERRAL - ECHOCARDIOGRAM & VASCULAR DUPLEX BULK BILLED

PAYMENT OF CONSULTATIONS

Sharpe Cardiology is not a bulk bill practice.
Payment is required in full at the time of the consultation.
Cash | Eftpos | Credit Card | Cheque accepted
Government issued Pensioner Card holders will pay a reduced fee.