BENDIGO HEALTH

CARDIOLOGY CLINIC REFERRAL

Referral Source	Internal and External referrals welcomed
Clinic Model	Rapid Access model: 1-2 appointments with Cardiologist and Discharged to GP care
Clinic Contact Details	Please contact the Cardiac Liaison Nurse with any questions or to flag Urgent referrals on 03 54548017

Referral date: __/__/__

Referral to:

- o BHCG Cardiology Public
  Dr Voltaire Nadurata
  Or specify Dr:_____

Address: Cardiology Clinic C Level 1 Bendigo Health 100 Barnard Street, Bendigo VIC 3550

Phone: 0354548017　　　Fax: 0354548020

Referring Doctor (stamp):

Name:_____

Provider Number: _____

Address: _____

Phone: _____

Fax: _____

Signature: _____

Section 1

Reason for referral: (please tick)

- o Recent chest pain suggestive of angina
- o New Onset or worsening heart failure
- o New onset or uncontrolled atrial fibrillation
- o New onset or difficult to control arrhythmia
- o Other:_____

Patient Details: _____

Name: _____

Address: _____

_____

Phone: _____　　Medicare No_____

D.O.B: _____ Gender: Male/ Female/ Other

UR:

Section 2

HISTORY OF PRESENTING PROBLEM:

Investigations attached please tick:

o Echocardiogram　o　　Pathology　o ECG

Medications:

o Attach Summary

Section 3

Please refer patients for the following investigations prior to clinic attendance or attach results

Suggested tests to be requested prior to clinic	Optional tests to consider prior
ECG o **ECG (Please attach results)**	
Pathology (please attach) o FBE o U & E o Thyroid Function o Lipid profile (cholesterol, LDL, TG) o HbA1C (within 3 months)	**Patients referred for arrhythmia management** o 24 hr. ECG holter monitor **Bloods to consider if appropriate:** o Magnesium o Fasting Glucose o Coagulation Profile o BNP o Troponin o LFT **Chest Radiograph (CXR)** **And Echocardiogram (TTE)** o Please attach results (if required)

Office use only

Step 1-	Date Received :
Step 2- IPM	Date Entered:

Step 3 – Cardiology Triage	Triaged By:
	
	o Accepted o Returned to sender Require Further Information to triage
	_____
	
	Clinic Required: (circle clinic/ tick Category)
	Pacing / General/ Structural/ Arrthymia/ RAC-AF/ RAC-HF/ RAC-General/ Hypertension
	
	    o **Rapid Access Clinic within 14 days** (AF, HF, General)
	    o CAT 1
	    o CAT 2
	    o CAT 3
	
	Have diagnostic tests been requested to optimize clinic wait times? N/A YES NO
	Please Refer on Diagnostic Request Form

Step 4-
IPM update with Category and action
	RAC CAT 1: IPM updated Date: _____
	      Appointment allocated: _____ Date: __/__/__ Time: ____
	      Patient notified by phone o Yes o No Date: ___/___/___
	Notified/ Processed by: _____
	
	CAT 2 and CAT 3: IPM update Date: _____
	      Letter sent to patient and GP that patient is on wait list