

**Ashford**  
Suite 10, 59 Anzac Highway  
Ashford 5034  
PH 8297 6888 FAX 8297 0846

**Flinders**  
Level 6, Flinders Private Hospital  
Off Flinders Drive  
Bedford Park 5042  
PH 8374 4559 FAX 8374 4558

**North Adelaide**  
80 Brougham Place  
North Adelaide 5006  
PH 8367 0577 FAX 8367 0566

**Noarlunga**  
148 Beach Road  
Noarlunga Centre 5186  
PH 8382 8411 FAX 8382 8622

**Norwood**  
40 The Parade  
Norwood 5067  
PH 8362 0822 FAX 8362 0820

**Woodville**  
701 Port Road  
Woodville Park 5011  
PH 8345 5511 FAX 8297 0846

**Other (please specify)** \_\_\_\_\_

**SA HEART HOTLINE 82 93 93 93 for all urgent cases 24/7**

Please attach latest pathology results

To Doctor (BLOCK letters) \_\_\_\_\_ [mandatory for consultation referral]

Patient Name (BLOCK letters) \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_ Medicare Number \_\_\_\_\_

**Period of referral:** (Please circle)      3 months    6 months    12 months    Indefinite    Other.....

Clinical Details (Please include medications and any special requirements, eg reduced mobility etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR THIS REFERRAL TO BE VALID THE FOLLOWING MUST BE COMPLETED:**

Referring Doctor (BLOCK letters) \_\_\_\_\_

Provider Number OR \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address for reports (optional) \_\_\_\_\_

- Consultation
- 12 lead ECG with report
- 24 hour ambulatory **blood pressure** monitoring
- Event / 7day /King of Hearts Monitor
- Echocardiogram
- 24 hour ambulatory **ECG (Holter)** monitoring
- Exercise (Treadmill) Stress Test
- Stress Echocardiogram