

# Cardiology Request Form

(Excluding CT Scan)

Date of Exam:

Patient Number:

Appointment Time:

Patient Details	Referrer Details
Male <input type="checkbox"/> Female <input type="checkbox"/> DOB: _____ Surname: _____ Forename: _____ Address: _____ Telephone: _____	Name: _____ Address: _____ Telephone: _____ Email: _____

Preferred Reporting Cardiologist
Forename: _____ Surname: _____

Examination Requested
ECG <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Holter Rhythm Monitor - 24h- <input type="checkbox"/> 48h- <input type="checkbox"/> 72h- <input type="checkbox"/> 4d- <input type="checkbox"/> 5d- <input type="checkbox"/> 1week- <input type="checkbox"/> 24h BP Monitor <input type="checkbox"/> Exercise Treadmill ECG <input type="checkbox"/> Stress Echo <input type="checkbox"/>

Clinical Indication (Please include relevant previous diagnostic information or medical history)
_____ _____ _____

Referrer's Declaration
<ul style="list-style-type: none"> <li>- The correct details have been provided</li> <li>- I have discussed the examination including any intervention</li> <li>- I have taken into account the possibility of pregnancy</li> <li>- There no known contra-indications to performing the requested examination</li> <li>- I will ensure the examination results are recorded in the patient's records</li> </ul>
Referrer's Signature: _____ Date: _____
Physiologist's Notes: _____