



**ASHFORD**  
CARDIAC CLINIC



**ASHFORD**  
SLEEP CLINIC

**REFERRAL FOR CARDIAC AND SLEEP SERVICES**

TO DOCTOR
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PATIENT NAME	DOB		
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ADDRESS	TELEPHONE
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PERIOD OF REFERRAL (MONTHS)	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 12	<input type="checkbox"/> INDEFINITE	MEDICARE NUMBER
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REASON FOR REFERRAL
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| <ol style="list-style-type: none"> <li>1. CARDIOLOGY CONSULTATION</li> <li>2. POTS CONSULTATION &amp; ASSESSMENT</li> <li>3. ECHOCARDIOGRAPHY</li> <li>4. BLOOD PRESSURE MONITORING</li> <li>5. HOLTER MONITOR (24HR ECG)</li> <li>6. 12 LEAD ECG WITH REPORT</li> </ol> | <ol style="list-style-type: none"> <li>7. REPORT ON ECG</li> <li>8. EXERCISE STRESS ECHOCARDIOGRAM</li> <li>9. DOBUTAMINE STRESS ECHOCARDIOGRAM</li> <li>10. <b>HOME SLEEP STUDY AND CONSULTATION</b><br/><small>(Sleep Physician will complete sleep test screening questionnaires)</small></li> <li>11. SLEEP PHYSICIAN CONSULTATION</li> </ol> |
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REPORT TO BY SENT BY  HealthLink: EDI ashcardi  MAIL OR  FAX TO:

REFERRING DOCTOR
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PROVIDER NUMBER	TELEPHONE	FACSIMILE
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ADDRESS
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SIGNATURE	DATE		
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Associate Professor Sam Lehman | Dr Sanaz Lehman | Dr Brendan Dougherty  
 Dr Andrew Markwick | Dr Fahd Chahadi | Dr Varun Malik | Dr Andrew Russell  
 50 Marlestone Ave, Ashford SA T | 08 8371 2111 F | 08 8371 2822 ashfordcardiac.com.au  
 1<sup>st</sup> Floor, 57 Wellington Rd, Mt Barker SA T | 08 8371 2155 F | 08 8371 2122 admin@ashfordcardiac.com.au  
 This form may be used for the provider of your choice HealthLink: EDI ashcardi