ASHFORD
CARDIAC CLINIC

ASHFORD
SLEEP CLINIC

REFERRAL FOR CARDIAC AND SLEEP SERVICES

TO DOCTOR

PATIENT NAME

DOB

ADDRESS

TELEPHONE

PERIOD OF REFERRAL (MONTHS) 3 ☐ 6 ☐ 12 ☐ ☐ INDEFINITE

MEDICARE NUMBER

REASON FOR REFERRAL

- ☐ 1. CARDIOLOGY CONSULTATION
- ☐ 2. POTS CONSULTATION & ASSESSMENT
- ☐ 3. ECHOCARDIOGRAPHY
- ☐ 4. BLOOD PRESSURE MONITORING
- ☐ 5. HOLTER MONITOR (24HR ECG)
- ☐ 6. 12 LEAD ECG WITH REPORT
- ☐ 7. REPORT ON ECG
- ☐ 8. EXERCISE STRESS ECHOCARDIOGRAM
- ☐ 9. DOBUTAMINE STRESS ECHOCARDIOGRAM
- ☐ 10. **HOME SLEEP STUDY AND CONSULTATION**
  (Sleep Physician will complete sleep test screening questionnaires)
- ☐ 11. SLEEP PHYSICIAN CONSULTATION

REPORT TO BY SENT BY ◯ HealthLink: EDI ashcardi ◯ MAIL OR ◯ FAX TO:

REFERRING DOCTOR

PROVIDER NUMBER

TELEPHONE

FACSIMILE

ADDRESS

SIGNATURE

DATE

Associate Professor Sam Lehman | Dr Sanaz Lehman | Dr Brendan Dougherty
Dr Andrew Markwick | Dr Fahd Chahadi | Dr Varun Malik | Dr Andrew Russell

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