



Name _____
DOB _____
ID Number _____
Age _____

Date of referral _____
URGENT **ELECTIVE**
CONSULT
NO CONSULT TEST ONLY

Clinic details:

NON INVASIVE TESTING:

- ECG
- 24 hour holter
- 24 hour ambulatory BP
- Transthoracic echo
- Transoesophageal echo
- Exercise stress test
- Exercise stress echo
- Dobutamine echo
- Pacemaker interrogation
- ICD interrogation
- Loop interrogation
- CRT optimization
- Tilt test

CATH REQUISITION:

- Coronary angiogram
- Previous PTCA
- Previous CABG
- Anticoagulation
- Warfarin/DOAC
- Angina CCS score
- Echo done
- Non invasive imaging
- Aortic stenosis
- Creatinine
- eGFR
- Contrast/Shell fish allergy
- LV EF

ELECTROPHYSIOLOGY:

- EP study (PSVT)
- AF ablation
- VT stimulation
- VT ablation
- AV Node ablation
- Does the patient have a pacemaker?
- QRS duration
- Rhythm
- Beta blocker
- Calcium chamber
- Digoxin

Referring doctor _____

Signature _____