



Dr Ian Linton

John Flynn Cardiology

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PATIENT INFORMATION

Patient Name

Address

Date of Birth

CLINICAL NOTES

Please indicate (✓)

Report to be phoned

☐

or faxed

☐

Copy to

INVESTIGATIONS

TICK TESTS REQUIRED

Cardiac Stress Testing

1. ☐ Exercise Test & Consultation
2. ☐ Stress Echo (Exercise) with Consultation
3. ☐ Stress Echo (Dobutamine) with Consultation

Cardiac Rhythm Assessment

4. ☐ 12 Lead ECG
5. ☐ 24 hour ECG Monitor
6. ☐ Event Monitor
7. ☐ 24 Hour BP Monitor

Cardiovascular Imaging

8. ☐ Echocardiogram
9. ☐ Echocardiogram (Paediatric)
10. ☐ Transoesophageal Echo (Hospital only)

Appointment Details

Date

Time

REFERRING DOCTOR

Signature

Date