NT Cardiac Pty Ltd
Darwin Private Hospital
Rocklands Drive, TIWI 0810
ABN 14 344 805 785
Phone: 8920 8200
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NT CARDIAC REFERRAL REQUEST FORM

☐ Dr Marcus Ilton	☐ Dr Hussam Tayeb	☐ Dr Wai Kah Choo	☐ Dr Bo Remenyi (Paeds)
☐ Dr Nadarajah Kangaharan	☐ Dr Edwina Wing-Lun	☐ Dr Ren Yik Lim	☐ Dr James Marangou

THANK YOU FOR SEEING:

Patient Name: _____ Male / Female

HRN: _____ Date of Birth: _____/_____/_____ Phone No: _____

Address: _____

PATIENT CLASSIFICATION

☐ Private ☐ Public ☐ Health Insurance / Workers Compensation

☐ Commercial License _____ ☐ Other (Specify) _____

PERIOD OF REFERRAL: **(Please Circle)** **3 Months** **6 Months** **12 Months** **Indefinite**

REQUEST

☐ Consultation
☐ ECG
☐ 24 Hour Holter Monitor
☐ 24 Hour BP Monitor
☐ Echocardiogram
☐ Six Minute Walk Test
☐ Pacemaker Review
☐ Exercise Stress Test

SYMPTOM(S)

☐ Chest Pain
☐ Breathlessness
☐ Palpitations
☐ Dizziness
☐ Syncope
☐ Other
_____

RISK FACTOR(S)

☐ Hypertension
☐ Dyslipidaemia
☐ Diabetes
☐ Family History
☐ Smoking
☐ Other
_____

URGENCY
(Please Circle)

HIGH

MEDIUM

LOW

CLINICAL HISTORY:_____

_____

_____

MEDICATIONS:_____

_____

Referring Doctor: _____Provider No: _____

Surgery/Clinic: _____or Hospital: RDH / PRH / ASH / KH / GDH / TCH

Signature: _____ Date: _____

Telephone: _____ Fax:_____ Email: _____

PLEASE SEND REFERRALS TO NT CARDIAC

VIA FAX (08) 8945 1365 OR EMAIL admin@ntcardiac.com