



ECG - RESPIRATORY FUNCTION - ECHO SERVICE

I WISH TO REFER:

MR, MRS, MISS, MS _____

ADDRESS _____

AGE _____ DATE OF BIRTH ____/____/____

DOCTOR _____

COPY TO _____

RESULTS:

- Radio button options for results: NON URGENT, URGENT, PHONE No., FAX No., DATE

ECG Service Clinical Features

TESTS REQUIRED

- Checkboxes for ECG tests: Routine ECG, Standard 3 minute Exercise ECG (Bicycle), Treadmill Exercise ECG, Bruce Protocol Exercise ECG (Treadmill)

(For treadmill tests; bring running shoes, shorts or track pants & a towel if a shower is desired)

- Radio button options for ECG clinical features: Chest Pain, Hypertension, Myocardial Infarction, Arrhythmia, Follow up to previous E.C.G., Heart Failure? Cause, Valvular Heart Disease, Patient on Anti Arrhythmic Agent, Patient on Digitalis, Post Coronary Surgery - Angioplasty, Dyspnoea? Cause, Fitness Assessment (Bruce Protocol)

Echocardiography / Holter / 24 HR BP Service Clinical Features

TESTS REQUIRED

- Checkboxes for Echocardiography/Holter/24HR BP tests: 2D Echocardiogram with doppler, Exercise Stress Echocardiogram, 24hr Holter Monitor ECG, 24hr Blood Pressure Monitor

- Radio button options for Echocardiography/Holter/24HR BP clinical features: Heart Failure, Dyspnoea, Diagnosis of Angina, Heart Murmur, Hypertension, Pericarditis, Valvular Heart Disease, Pericarditis - Pericardial Effusion, Follow up from Previous Tests, Atrial Fibrillation, Arrhythmia - seizure - syncope, Severity of angina - 24 hour holter monitor assessment

Respiratory Function Service Clinical Features

TESTS REQUIRED

- Checkboxes for Respiratory Function tests: Routine Spirometry, Routine Spirometry before and after bronchodilator, Routine Spirometry before and after exercise

- Radio button options for Respiratory Function clinical features: Asthma, Bronchitis - Emphysema, Dyspnoea? Cause, Routine; Occupational, Exercise induced Asthma, Heart Failure - Lung Fibrosis, Patient on Steroids - Bronchodilator, Patient on Bronchodilator, Check before starting Beta Blocker, Follow up to previous test

Additional Clinical Information

HEART SPECIALISTS

Level 2, Leinster Chambers,

St George's Hospital, 249 Papanui Road,
Christchurch 8014

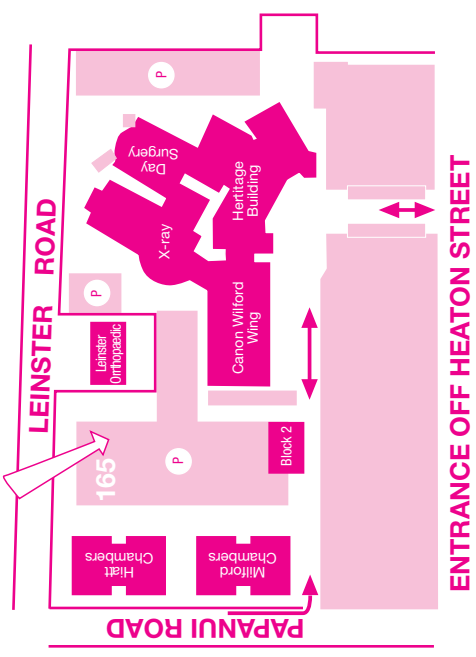
Ph 351-7854, Ph 351-9503

Fax 351-9578

Appointment Time:

(For treadmill tests; bring running shoes, shorts or track pants and a towel if a shower is desired)

WE ARE HERE



Please supply requisition pads

to my surgery.

..... signature

..... date