

Referral Form

Northern
Heart Specialists



Dr Greg Starmer

BSc, MBBS (UQ), FRACP, FCSANZ,
FESC, FACC, Interventional Cardiologist

Dr Anthony Brazzale

MBBS (Hons), FRACP,
Interventional Cardiologist

Dr Corey Smith

BSc (Med) Hons, MBBS(Hons), FRACP
Electrophysiologist

Dr Sean Nguyen

BSc (Hons), MBBS (UQ), FRACP,
Imaging Cardiologist

Date: _____

Patient Details:

Surname: _____ First Name: _____

☐ Male ☐ Female Date of Birth: _____ Phone: _____

Address: _____

Referral to:

- | | | |
|--|--|---|
| <input type="checkbox"/> Next Available Cardiologist | <input type="checkbox"/> Investigations Only | <input type="checkbox"/> Dr Sean Nguyen |
| <input type="checkbox"/> Dr Greg Starmer | <input type="checkbox"/> Dr Anthony Brazzale | <input type="checkbox"/> Dr Corey Smith |

Clinical Details:

- ☐ **Rapid Access Assessment for Possible Coronary Artery Disease
(To be reviewed within 1-2 weeks)**

Symptoms:

- ☐ Chest pain
- ☐ Dyspnoea
- ☐ Presyncope / Syncope
- ☐ Palpitations
- ☐ Other

Risk Factors:

- ☐ Hypertension
- ☐ Dyslipidaemia
- ☐ Smoking History
- ☐ Diabetes
- ☐ FHx Vascular Disease

ECG Findings: _____

Other Details: _____

Investigations Requested:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Bulk Bill Echo | <input type="checkbox"/> Bulk Bill Holter | <input type="checkbox"/> 24-Hour BP |
|---|---|-------------------------------------|

Referring Doctor:

📍 Level 1 (Ground Floor), 144 Lake St

✉ PO Box 43n, Cairns North, 4870

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📠 07 4027 9415

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