Dr Dibbendhu Khanra

Cardiologist & Cardiac Electrophysiologist | FRACP

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GP REFERRAL FORM

HealthLink ID: actpainc

info@actspecialistcentre.com.au

Patient details

Full name _____ Date of birth _____

Address _____

Phone _____ Email _____

Medicare no. _____ Health fund _____

Referring practitioner

Name _____ Provider no. _____

Practice _____

Phone _____ HealthLink / email _____

Reason for referral

- ☐ Atrial fibrillation / flutter
- ☐ Palpitations / SVT
- ☐ Syncope
- ☐ Bradycardia / heart block
- ☐ Ventricular arrhythmia / VPCs
- ☐ Pacemaker / ICD / CRT review
- ☐ Abnormal ECG
- ☐ Chest pain / general cardiology

Urgency: ☐ Routine ☐ Semi-urgent (within 2 weeks) ☐ Urgent - please phone the rooms

Clinical details / question

_____

_____

_____

_____

Current medications & allergies

_____

_____

Please attach:

- ☐ Recent ECGs
- ☐ Holter / event monitor results
- ☐ Echocardiogram
- ☐ Relevant blood tests

Referring practitioner signature _____ Date _____