

**Newcastle Adult & Paediatric Heart Centre
REQUEST FORM**

Consultant cardiologists

Dr Nicholas Collins

B.Med;F.R.A.C.P., F.C.S.A.N.Z

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Dr Jascha Kehr

MD; F.R.A.C.P

Dr Nicholas Whitehead

B.Med; F.R.A.C.P

Dr Kate Jardine

B.Med; F.R.A.C.P

Dr David Baker

M.Med; F.R.A.C.P

Sonographers

**Luke Warner/Charlotte Popski/Toni Gardiner/Matthew Hunt/Kristy Hales/Stephen Blume/
James Silcock**

PATIENT DETAILS (place label if available)

Mr

Mrs.....

Ms

DOB.....Age (.....) yrs

Patient Contact details

Address.....

Phone.....Mobile.....

ECHOCARDIOGRAMS	DIAGNOSTIC SERVICES
<input type="radio"/> Adult	<input type="radio"/> Event telemetry monitor
<input type="radio"/> Paediatric	<input type="radio"/> ECG
<input type="radio"/> Clinical consultation	<input type="radio"/> Exercise stress test
<input type="radio"/> Foetal	<input type="radio"/> 24 hour Holter monitor
<input type="radio"/> Foetal and consultation	<input type="radio"/> 7-day Holter monitor
	<input type="radio"/> Ambulatory blood pressure monitor

CLINICAL NOTES

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Referring Doctor.....

Address.....**Provider no:**.....

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.....**Phone:**..... **Fax:**.....

Email.....

Signature:.....**Date:**.....

*Your doctor has referred you to Newcastle Adult & Paediatric Heart Centre for echocardiography.
This referral form may be used at the diagnostic Imaging practice of your choice.*