



Queensland  
Government

## Referral to Cardiac Investigation Unit

Facility: .....

(Affix identification label here)

URN:

Family name:

Given names:

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Cardiac Investigation Unit – Phone: 4616 6339

Fax: Inpatients – 4616 6410 | Outpatients – 4616 5922

### Urgency of referral

☐ Inpatient – Ward:

Bed:

Transport: ☐ Chair ☐ Trolley

☐ Outpatient ▶ ☐ Cat 1 within 30 days ☐ Cat 2 within 90 days ☐ Cat 3

☐ Urgent (to be confirmed by Cardiology Team)

### Referrer details

Date of referral: / /

Team Consultant (print):

Requesting Medical Officer:

Team / Specialty:

Provider no:

Copy of report to be sent to:

Designation:

GP name:

Phone/page:

GP practice/address:

Signature:

### Cardiac investigations

☐ Holter monitor: ☐ 24 hrs

☐ Loop/event monitor

☐ ECG

☐ Ambulatory BP monitoring (24 hrs)

☐ Home arrhythmia monitor (HAM)

For cardioversion (DCCV) requests, please see  
CIU Echocardiogram Request Form (MR 50ny)

☐ EST – Complete EST questionnaire and eligibility criteria  
on page 2

☐ Recent ECG attached

Is the patient a commercial driver? ☐ Yes ☐ No  
(target 90% exercise tolerance)

☐ Device check (PPM / ICD)\*

Brand..... Type.....

\*For cardiac device transfer of care, please request a  
GP referral addressed to Dr Mengel / Dr Ahmed

### Respiratory investigations

☐ Spirometry ☐ Pre & post

### Reasons for test:

### Relevant clinical history:

### Medication:

### Infection risk (e.g. MRSA, VRE, etc.)

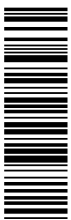
☐ Yes – provide details:

☐ No

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All clinical form creation and amendments must be conducted through Health Information Services.

v16.00 - 10/2021



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**Exercise Stress Test Questionnaire**  
**(THIS MUST BE COMPLETED OR TEST CANNOT PROCEED)**

*Please indicate:*

☐ **Beta blockers / verapamil / diltiazem** –  
Cease 48 hours prior to test (*if clinically advisable*)

**OR** ☐ Continue medication as prescribed

***(A smaller dose of these medications may be ceased as per the discretion of the treating doctor e.g. metoprolol / atenolol <25mg)***

## Exercise Stress Test Eligibility

**All criteria listed below must be met** in order for a client to be deemed suitable to undergo a **non-physician supervised exercise stress test**. Is this test age appropriate?

***Please tick to confirm:***

- |   |   |
|---|---|
| <input type="checkbox"/> No new significant ECG findings at rest e.g. AF  | <input type="checkbox"/> No aortic stenosis                       |
| <input type="checkbox"/> No uncontrolled hypertension ( >180/100mmHg)     | <input type="checkbox"/> No left bundle branch block              |
| <input type="checkbox"/> No untreated life-threatening cardiac arrhythmia | <input type="checkbox"/> No acute infections / anaemia            |
| <input type="checkbox"/> No myocardial infarct (< 5 days)                 | <input type="checkbox"/> No recent EST                            |
| <input type="checkbox"/> No decompensated congestive cardiac failure      | <input type="checkbox"/> No second or third degree A-V block      |
| <input type="checkbox"/> No acute myocarditis / pericarditis              | <input type="checkbox"/> No known or suspected left main stem CAD |
| <input type="checkbox"/> No hypertrophic obstructive cardiomyopathy       | <input type="checkbox"/> Patient's weight is NOT over 180 kg      |
| <input type="checkbox"/> Not taking digoxin                               | <input type="checkbox"/> Patient can walk briskly                 |

If all the above criteria are not able to be met, or if they are unfit for cardiac stress test, consider:

1. MPS with pharmacological stress or stress echo.
2. Referral to Cardiology Outpatients for a **physician supervised test**, or alternative investigations.

<b>Name (print):</b>	<b>Designation (print):</b>	<b>Signature:</b>	<b>Date:</b>

**Cardiac Investigation Unit (CIU) Use Only**

**Date received:**        /        /                      **Date entered:**        /        /

☐ Patient phoned    ☐ Entered in calendar    ☐ Booked in HBCIS    ☐ Text/letter sent

Appointment date:     /     /     Appointment time:     :     (use 24hr clock)

Appointment date:     /     /     Appointment time:     :     (use 24hr clock)

[illegible]

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