REQUEST FOR CONSULTATION

GOLD COAST HOSPITAL AND HEALTH SERVICE

**A&TSI HEART HEALTH CLINIC**

**ABORIGINAL AND TORRES STRAIT ISLANDER (A&TSI)**

**EARLY INTERVENTION AND CHRONIC DISEASE MANAGEMENT SERVICES**

A partnership between the Aboriginal & Torres Strait Islander Health Unit,

Department of Cardiology and the Chronic Disease Wellness Program

|  |  |
| --- | --- |
| **SEND TO**: Professor Rohan JayasingheCentral Intake UnitFax: 1300 668 536 **OR** Phone: 1300 668 936**Secure transmission service via Medical Objects or****Healthlink to****QHEALTH,GOLD COAST HEALTH Adult Community Health Central Intake Unit** | **FROM** **Doctors Name:****Practice Name:****Practice Address:****Phone:** **Fax:** **Email:** **Provider Number:**  |

Dear Professor Jayasinghe

**SECTION 1 Patient details**

**Patient Full Name:**

**DOB:**

|  |  |
| --- | --- |
| **Gender:** **Address:** **Home Ph:** **Mobile Ph:** **Medicare Number\*:** (\*Medicare ineligible patients will incur a consultation fee) | **Next of Kin/Alternative Contact:** **Next of Kin/Alternative Contact Ph:** **Does patient identify as Aboriginal and/or Torres Strait** **Islander:** **Interpreter required:****If yes, specify language:**  |
| **SECTION 2 Reason for referral and additional clinical information** |

Heart Health is an early intervention Cardiac Screening Clinic that includes a Cardiology consultation targeting Aboriginal and/or Torres Strait Islander community members with high cardiovascular risk.

What is the reason for this referral:

Please provide provisional diagnosis (if available):

Please include any symptoms and date of onset (if known):

**Paste or type relevant history, clinical examination findings and treatment to date if required**

**SECTION 3 Mandatory clinical information**

Does the patient identify as Aboriginal and/or Torres Strait Islander:

If patients do not identify as Aboriginal and/or Torres Strait Islander they are ineligible for this service.

Smoker (current):

Alcohol intake > recommended:

Physically active >= 3 times a week:

Social isolation:

Diabetes mellitus:

Hypertension:

Depression or other mood disorder:

Please provide details of depression or mood disorder

**Clients who have a diagnosed cardiac condition are not suitable for the clinic**

Is this patient known to private consultant/s:

If yes, please specify Consultants name and details:

Has a Team Care Arrangement been completed:

If yes attach GPMP/TCA

Does patient have Close the Gap medication assistance:

Can patient participate in allied-health led exercise program:

Are there restrictions to consider during exercise:

If yes, please specify restrictions to consider:

**SECTION 4 Investigations**

Please indicate whether the following pre-requisite investigations have been undertaken in order for this referral to be processed and attach the results. In addition, please also attach investigation results you consider to be relevant.

**Electrocardiogram (ECG) within last 3 months:**

**FBC, lipids, E/LFT, glucose within 3 months:**

**SECTION 5 Social factors and impact on the patient**

|  |
| --- |
| Consider the impact on employment/education; activities of daily life; ability to care for others; personal safety/frailty;other factors. **Please paste or type relevant information*.*** |

**SECTION 6 Medical history including co-morbidities and previous surgical interventions**

**Alcohol Status/History:**

**Smoking Status/History:**

**Medical History:**

**Comorbidities:**

**Previous Procedures:**

**Allergies/Adverse Reactions:**

**Current prescribed medications:**

|  |
| --- |
| **SMOs/VMOs in this Specialist Service** |

|  |
| --- |
| Professor Rohan Jayasinghe |