REQUEST FOR CONSULTATION

GOLD COAST HOSPITAL AND HEALTH SERVICE

**CARDIAC REHABILITATION SERVICE CLINIC**

**CHRONIC DISEASE WELLNESS PROGRAM**

Specialising in multidisciplinary care for the patients with complex care needs; assisting clients with cardiovascular disease return to optimal health and an active lifestyle aimed at reducing the risk of further cardiac events.

Supporting Team Care Arrangements (does not utilise Medicare items)

**Note:** The Cardiac Rehabilitation Service is conducted under the governance of Professor Rohan Jayasinghe. It is a multidisciplinary approach that does not directly include a Cardiology consultation.

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| **SEND TO**: Professor Rohan Jayasinghe  Central Intake Unit  Fax: 1300 668 536 **OR** Phone: 1300 668 936  **Secure transmission service via Medical Objects,**  **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:**

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| **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:** |

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| **SECTION 2 Reason for referral and additional clinical information** |

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**

Has a Team Care Arrangement been completed:

If yes, please attach GPMP/TCA

Can patient participate in light to moderate exercise:

**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 any investigation results you consider to be relevant, including coronary angiography, myocardial perfusion scan, echocardiography and/or exercise stress test results.

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

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

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| 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:**

**SECTION 7 Information about this service**

This service is for patients 18 years and older with any of the following conditions:

* Medically stable post Myocardial Infraction (>2-3 weeks post NSTEMI; 3-4 weeks post STEMI); with or without Percutaneous Coronary Intervention (PCI)
* PTCA elective intervention (>2 weeks post PCI)
* Stable angina
* CABG surgery (>4 weeks post CABG)
* Valvular surgery (>4 weeks post surgery)
* Pacemaker and ICD insertion (>4 weeks post surgery)
* Stable cardiomyopathy
* Heart transplant (>4 weeks post surgery)
* Cardiovascular disease
* High risk-factor profile

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

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| Professor Rohan Jayasinghe |