

# REFERRAL REQUEST

## Dr Lisa Simmons

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## Cardiology Care

Missenden Medical Centre  
Suite 5, 54-60 Briggs Street  
Camperdown, NSW 2050  
Telephone: (02) 9519 0035  
Facsimile: (02) 9519 0032

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Consultation       Echocardiography       Stress echocardiography

ECG       Exercise stress testing

Reason for referral: \_\_\_\_\_

Clinical history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Signature: \_\_\_\_\_ Provider number: \_\_\_\_\_

# Appointment:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Your doctor recommended that you attend Cardiology Care for assessment. You may choose another provider, but please discuss this with your doctor first.



## Cardiology Care, Missenden Medical Centre

5/54-60 Briggs Street, Camperdown, NSW, 2050

Please bring comfortable clothes and shoes if treadmill exercise is booked.