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 Westmead NSW 2145  
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 Email: office@westmeadprivatecardiology.com.au

**REFERRAL REQUEST FORM**

Patient's surname .....First Name.....

Patient address.....

DOB:.....Contact Phone Number.....

**CARDIOLOGIST**

- Dr David TANOUS  
MBBS PhD FRACP
- Dr Michael SKINNER  
MBBS PhD FRACP
- A/Prof James CHONG  
MBBS PhD FRACP
- Dr Preeti CHOUDHARY  
BSc (Med) MBBS (Hons 1) PhD FRACP

- A/Prof David RICHARDS  
BSc (Med) MD FRACP FACC
- Prof Liza THOMAS  
MD FRACP PhD
- Dr Mikhail ALTMAN  
MD FRACP DDU PhD
- Dr Pierre QIAN  
MBBS PhD FRACP
- Dr Kasun DE SILVA  
BMed MD BSc (Med) (Hons 1)FRACP

**Referral service requested:**

**Clinical details:**

- Consultation
- Electrocardiogram and report
- Transthoracic Echocardiogram (once in 24 months)
- Exercise stress test (once in 24 months)
- Stress echocardiogram (once in 24 months, earlier if new symptoms)
- Holter monitor
- HeartBug monitor
- 24 hour Blood Pressure monitor
- Other, please specify

Referring doctor details:.....Provider No:.....

Contact No:.....Date:.....

Signature:.....