

## **REFERRAL GUIDELINES FOR CHEST PAIN CLINIC**

**Please include the following information when making your referral:**

- Patient Details
- Presenting symptoms suggestive of IHD
- Medications
- Relevant Past History – including hypertension, diabetes, smoking, and results of any previous e.t.t., angiography, cardiac surgery, ECG
- Family History of IHD
- Cardiovascular Risk Assessment Score
- Blood results – Lipids, Glucose, CBC

**MOBILITY** – Note: the patient must be able to walk unaided on a treadmill. If not, please send your referral as above but inform the patient that alternative investigations will be considered, eg. dobutamine echo

Also, please state whether the patient has private health insurance as this may facilitate any further procedures such as angiography.