

Appointment Date: ..... Time: .....

Location: .....



heart of melbourne



**Rapid Access  
Chest Pain Clinic**

Patient Name:

Address:

DOB:

Phone:

Gender: M / F

Rapid Access Chest Pain Clinic  
for cardiologist review, ECG, and investigations

Clinical Notes:

Risk Factors:  Hypertension  Diabetes  Family Hx  Dyslipidaemia  Smoking

Referring Doctor: ..... Provider No. ....

Address: .....

Signature: ..... Date: .....

Copy to: .....

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