BLACKROCK HEALTH
GALWAY CLINIC

Blackrock Health Galway Clinic,
Doughiska, Galway.
Tel.: 091 785602 Fax: 091 785612
Email: CardiologyTesting@galwayclinic.com

NON INVASIVE CARDIAC EVALUATION DEPARTMENT
BLACKROCK HEALTH GALWAY CLINIC REFERRAL FORM

PATIENT DETAILS

Name:_____

Date of Birth: _____/_____/_____

Address: _____

_____

NEW PATIENT ❑

MRN: _____

Insurance Policy Number:

_____

Consultant: _____

Symptoms: _____

_____

_____

_____

Past History: _____

_____

_____

_____

Known Cardiac History: Yes ❑ No ❑

Date Test Ordered:_____/_____/_____

Signature of Ordering Consultant: _____

GP Referral Test Only ❑

Electrocardiogram (ECG) ❑

Stress Test ❑

Modified Stress Test ❑

Holter Monitor ❑

24 hr ❑ 48 hr ❑ 72 hr ❑

5 Day ❑ 7 Day ❑

Blood Pressure Monitor ❑

Echocardiogram (ECHO) ❑

Echo with Bubble Study ❑

Pacemaker / AICD Check ❑

6 Week ❑ 6 Month ❑ 12 Month ❑

Loop Recorder Check ❑

Stress Echo ❑

Please ensure that all outpatients receive an information leaflet with their appointment types preparation and instructions ticked and highlighted. Please return completed requests to the Cardiology Department by Fax on 091 785612 or email on CardiologyTesting@galwayclinic.com

NONINVCAREVADEP