



**RAPID ASSESSMENT
CARDIAC UNIT
REFERRAL**

PH USE ONLY

UR NUMBER.....
SURNAME.....
GIVEN NAMES.....
DATE OF BIRTH
Please fill in if no Patient Label available

App.19/1/17 Print Code:17112



Patient Details:

Name:
D.O.B:
Phone no:

Referring GP:

Doctor:
Clinic:
Phone no:
Provider No:
Signature:

Date of Referral:

ADMISSION CRITERIA (please tick)

- Able to ambulate independently
with
- Symptoms consistent with possible angina
- Absence of known CAD
- Normal ECG
- or**
- New onset of AF without haemodynamic instability or heart failure

EXCLUSION CRITERIA

One or more of the following;

- repetitive or prolonged (>10 mins) chest pain
- raised troponin
- SBP <90mmHg
- syncope
- clammy or sweaty
- prior PCI or CAGs
- on dialysis

*In this situation consider ringing
MICA and transferring to ED*

For admission to RACU

Ring the RACU registrar on 9784 2768

Monday- Friday 0800-1630 hours

If outside these hours - consider ringing MICA and transfer to ED

FURTHER HISTORY & EXAMINATION

PAST HISTORY

ALLERGIES

MEDICATIONS

**Please fax this completed referral to 9784 1152 and give the patient
the RACU Information Booklet.**