Name:

Age: DOB:



PLEASE FAX OR EMAIL AN <u>UPDATED</u> MEDICATION LIST THROUGH TOGETHER WITH THIS WORKSHEET ONCE COMPLETED. PLEASE RING THE ROOMS ON 6162 1886 ONCE THIS HAS BEEN DONE. IT IS IMPORTANT TO ALLOW 20 MINUTES SO THE DATA SUPPLIED IS ENTERED ONTO OUR SYSTEM PRIOR TO STARTING THE TELECONSULATATION WITH YOUR SPECIALIST

Method of patient contact (please circle one option) -	Home phone	Mobile phone
	Skype id:	
MEDICATIONS		
Please email or fax to us a detailed list of our current medications		
Any new issues since last consultation with us		
PLEASE PROVIDE MEASUREMENTS BELOW-		
Height:	cm	
(with no shoes)		
Weight:	kg	
(with no shoes or heavy clothing):		
Heart rate:	hnm	
Heart rate.	bpm	
Waist measurement :	ama	
(place tape around patient's waist, measure roughly in line with belly button)	cm	

^{*} Kindly fax or email this document to 02 6162 1887 or reception@canberraheart.com.au along with a recent ECG trace and updated medication list.



PLEASE PROVIDE 3 BLOOD PRESSURE READINGS AS INDICATED BELOW -

1st BP lying:	mm/Hg
2nd BP on immediate standing:	mm/Hg
3rd BP after 1 min prolonged standing:	mm/Hg

Please take an ECG reading if possible, otherwise please provide a recent ECG trace.