

## GP REFERRAL FORM

### REQUEST DATE:

#### PATIENT DETAILS

Patient Name:

Address:

Postcode:

D.O.B:

Phone / Mobile :

Medicare / Veteran Affairs Card Number:

Private Health Insurer:

Member No:

#### REFERRER DETAILS

Practice Name:

Referring Doctor:

Provider Number:

Phone:

Email:

Fax:

Referring Doctor Signature:

Known / Existing Specialist:

#### SYNCOPE CHECKLIST (PLEASE TICK AS APPROPRIATE)

**1. Does the patient experience blackouts, falls or both?**

- Blackouts       Falls       Blackouts and Falls

**If the patient experiences falls, are they unexplained or due to a slip or trip?**

- Unexplained       Slip or trip *(these falls are not appropriate for the syncope clinic)*

**2. Does the patient always lose consciousness? (Please ask a witness)**

- Yes       No

**If yes, how long are they unconscious for? .....** (mins)

**3. How frequent are the patient's blackouts or falls?**

- Daily       Weekly       Every 1-2 weeks       Less frequent than every 2 weeks

#### PATIENT HISTORY / CO-MORBIDITIES / CLINICAL NOTES

*\*Please include any details on any investigations ordered/requested in the past 12 months and print and attach copy if more convenient*

#### PATIENT MEDICATION(S)

# PATIENT INFORMATION

## BEFORE YOUR VISIT

It is important to think about the details surrounding your unexplained blackout, faint or unexplained fall episode(s). Was there something specific that happened before the event (eg were you feeling unwell, dehydrated or anxious)? Sometimes there are 'premonitory symptoms' such as feeling lightheaded, experiencing nausea or having heart palpitations that occur before you blackout, faint or fall. If so, how long did the episode last? How did you feel afterwards? It is important to recount as much information as possible as this will assist the clinic staff with your assessment.

## EYEWITNESS ACCOUNT

If there was an eyewitness to the episode, it is also important to get details from them of what they recalled of the event. Did they notice any changes to your condition or demeanour? Please use the space below for your eyewitness recount of the event, especially if they will not be with you when you visit.

## DURING YOUR FIRST VISIT YOU COULD EXPECT THE FOLLOWING:

**Verbal assessment** – including a thorough exploration of your medical history and any pre-existing conditions

**Physical assessment** – including a check of your blood pressure, taking some blood tests, performing an ECG and if appropriate an ultrasound of your heart

**Doctor review** – a trained syncope doctor will review your test results and request any further tests if needed

**Suspected diagnosis and treatment pathway** – a trained syncope doctor will detail your suspected diagnosis (if one is determined) and outline the appropriate treatment pathway

**Referral and discharge information** – the doctor will provide a referral to the appropriate specialist if needed (eg cardiologist, neurologist etc), referral to the Multidisciplinary Team (MDT) or if no further investigation is required, the doctor will provide educational discharge information. **Please note:** Only the clinic appointment and associated clinic tests are **bulk-billed** through Medicare. **If you are subsequently admitted to hospital or referred to a specialist there may be additional charges. These charges are subject to your private health fund cover and the billing practices of the relevant specialists.**

## What to bring with you to your appointment

The syncope (medical term for blackouts or faints) assessment pathway identifies that a small percentage of patients may be admitted to hospital for further monitoring or more extensive testing after their clinic assessment.

Do not be alarmed if you require admission following your visit as this will provide the ability to fast track the cause of your syncopal episodes and determine appropriate treatment. Please bring an overnight bag with you in the event a hospital stay is deemed necessary.

We also request that you bring any test results, scans or x-rays from the past 12 months and all medications you are taking in their original packaging as well as any sleep apnoea machines (if appropriate).

