REFERRA	graft surgery (CAGS) Myc PM) Valv	Address: De Postcode: De Doctor:	OB:
Investigations			
ECHO	Angiogram	Exercise Stress Test	↑ Troponin T (TnT)
Risk Factors ☐ Family history ☐ ↑ Cholesterol ☐ Hypertension Other Complication	Alcohol Overweight Diabetes	Inactivity Stress Smoker	Ex-smoker – Date ceased
Medications on Disc	charge		
Referring doctor (print name	ə):	Referring doctor	or signature: Date:
	DI		//
Appointment for Cardiac Re	habilitation referral: /	5430 3273 for appointments on discl /	Discharge date: / /