


Appointment Date: ..... Time: .....

Location: .....

 **Rapid Access**  
**Chest Pain Clinic**

Patient Name: .....

Address: .....

DOB: .....

Phone: .....

Gender: M / F

Rapid Access Chest Pain Clinic  
for cardiologist review, ECG, and investigations

Clinical Notes: .....

Risk Factors:  Hypertension  Diabetes  Family Hx  Dyslipidaemia  Smoking

Referring Doctor: ..... Provider No. ....

Address: .....

Signature: ..... Date: .....

Copy to: .....

