Perth Paediatrics

Dr Darshan Kothari

Paediatric & Fetal Cardiologist

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ECG request only

PATIENT INFORMATION

NAME D.O.B ___/___/_____ M ☐ F ☐ X ☐

GUARDIAN NAME RELATIONSHIP TO PATIENT

EMAIL

CONTACT ADDRESS

REFERRING PRACTITIONER

NAME DATE ___/___/_____

PROVIDER NUMBER PHONE

PRACTICE ADDRESS

EMAIL

Indication

- ☐ Initial ECG (prior to commencing medication/s)
- ☐ Initial ECG (child on medication/s)
- ☐ Follow-up (child on medication/s)
- ☐ Family history of inherited cardiac arrhythmias
- ☐ Other

ADDITIONAL CLINICAL NOTES

Suite 5/2 Mccourt Street West Leedervile WA 6007	Unit 1/288 High Road Riverton WA 6148	Suite 209, Medical Centre West Joondalup Health Campus Joondalup WA 6027	159 Spencer Street South Bunbury WA 6230