University Specialty Clinics

UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE

University Cardiology Patient Referral Form

2 Medical Park, Suite 506

Phone: (803) 540-1000 Fax: (803) 540-1011

DATE: ____________________

REFERRING DR.: ____________________

PATIENT'S NAME: ____________________

REASON (or check boxes below): ____________________

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SYMPTOMS (Check all that apply)

- ☐ Chest Pain
- ☐ Dyspnea
- ☐ Abnormal EKG
- ☐ Syncope
- ☐ Palpitations
- ☐ Weakness/Malaise
- ☐ Murmur
- ☐ Visual Disturbance
- ☐ Headache

DIAGNOSIS (Check all that apply)

- ☐ Coronary Disease
- ☐ Heart Failure
- ☐ Tachycardia
- ☐ Bradycardia
- ☐ Vascular Disease
- ☐ Hypertension
- ☐ Lipid Disorder
- ☐ Metabolic Syndrome
- ☐ Diabetes Mellitus
- ☐ Congenital Heart Disease

REQUESTED SERVICES (Check all that apply)

- ☐ Cardiology Evaluation
- ☐ Echocardiogram
- ☐ Exercise Treadmill Test
- ☐ Holter Monitor
- ☐ ECG/EKG
- ☐ Nuclear Stress Test

To speak with the Chief of Cardiology or another Cardiologist regarding your patient, please call (803) 733-3112 (office) or (803) 241-0041 (pager).