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SPECIALIST REFERRAL

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Date: 15 December 2024

To: Cardiology Department  
TEST-PRACTICE-E2E Sydney Heart Specialists

RE: TEST Patient - Referral HF  
DOB: 20 March 1960  
MRN: TEST-REF-HF-001  
Medicare: TEST-9876543210  
Address: TEST Address - 789 Bourke Street, Melbourne VIC 3000  
Phone: +61 400 000 100

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REASON FOR REFERRAL:

Progressive dyspnoea on exertion with ankle swelling for cardiology assessment

URGENCY: Routine

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CLINICAL HISTORY:

I am referring the above patient for cardiology review. They have been experiencing progressive shortness of breath on exertion over the past 3-4 months, now limiting them to walking approximately 100 metres on the flat. They have also noticed bilateral ankle swelling, particularly towards the end of the day.

PAST MEDICAL HISTORY:

- Hypertension (diagnosed 2015) - currently on Perindopril 5mg daily
- Type 2 Diabetes Mellitus (diagnosed 2018) - on Metformin 1g BD
- Hyperlipidaemia - on Atorvastatin 20mg nocte
- Obesity (BMI 32)

SOCIAL HISTORY:

- Ex-smoker (ceased 2010, 20 pack-year history)
- Minimal alcohol intake
- Retired, lives with spouse

**FAMILY HISTORY:**

- Father: MI at age 65
- Mother: Hypertension

**CURRENT MEDICATIONS:**

1. Perindopril 5mg daily
2. Metformin 1g BD
3. Atorvastatin 20mg nocte
4. Aspirin 100mg daily

**ALLERGIES:** Nil known

**EXAMINATION:**

- BP: 145/90 mmHg
- HR: 84 bpm, regular
- Weight: 92 kg
- JVP: Appeared elevated
- Heart sounds: Dual, no murmurs heard
- Chest: Scattered bibasal crackles
- Peripheral oedema: Bilateral pitting oedema to mid-calf

**INVESTIGATIONS:**

- ECG (attached): Sinus rhythm, left axis deviation, possible LVH
- Chest X-ray (attached): Cardiomegaly with upper lobe venous diversion
- Bloods:
  - Hb: 135 g/L
  - Creatinine: 110 umol/L (eGFR 62)
  - HbA1c: 7.2%
  - BNP: 580 pg/mL

**CLINICAL IMPRESSION:**

Suspected new heart failure, likely HFrEF given clinical presentation.  
Would appreciate cardiology assessment including echocardiography and management recommendations.

Please do not hesitate to contact me if you require any further information.

Kind regards,

Dr. TEST Referring GP Melbourne  
MBBS, FRACGP  
Provider Number: TEST-1234567  
TEST Melbourne Medical Centre

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This is a TEST referral document for E2E testing purposes only.  
All patient data is fictional and uses TEST- prefix identifiers.

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