



# REFERRAL AND/OR REQUEST FOR CARDIAC DIAGNOSTICS

1300 R HEART , 1300 743 278

APPOINTMENT TIME: \_\_\_\_\_

DATE: \_\_\_\_\_

Name:

Date of Birth:  
Gender:

Address:

Phone:  
Med.No.:

REQUEST FOR:

CLINICAL NOTES:

REFERRING DOCTOR'S DETAILS:

COPIES TO:

DOCTOR'S SIGNATURE:

DATE:

**MEDICARE APPROVED INDICATIONS FOR EXERCISE STRESS ECG AND EXERCISE STRESS ECHO.**

\*Stress ECG or Stress Echo can generally only be claimed once in a 2 year period. Within this time frame, the patient may be required to pay.  
\*If you've requested Stress ECG or Stress ECHO, you MUST tick the appropriate indication.

**EXERCISE STRESS ECG ALONE:**

- Symptoms of cardiac ischaemia
- Other cardiac disease exacerbated by exercise
- First degree relatives with suspected heritable arrhythmia

**TEST/S REQUIRED:** *Bulk Billing* \*For Eligible Patients Only

**BRIGHTON CARDIAC CLINIC:**

- Cardiac consultation\*
- Syncope Assesment\*
- 12 Lead ECG
- Ambulatory Blood Pressure Monitor
- 24hr Holter (ECG) Monitor
- 7 DAY myPatch-Holter Monitor \*
- Echocardiogram
- Echocardiogram (Bubble Study)\*
- Exercise Stress ECHO
- Exercise Stress ECG
- Pacemaker Check

**FRANKSTON ECG & AMBULATORY MONITORING:**

- 12 Lead ECG
- Ambulatory Blood Pressure Monitor
- 24hr Holter (ECG) Monitor
- 7 DAY myPatch-Holter Monitor \*

**EXERCISE STRESS ECHO:**

**Symptoms of typical or atypical angina**

- A1 Constricting discomfort in the chest/neck/shoulders/jaw/arms
- A2 Exertional symptoms
- A3 Symptoms are relieved by rest or GTN

**Known coronary artery disease with one or more symptoms. Suggestive of ischaemia**

- B1 Not controlled with medical therapy
- B2 Have evolved since the last functional study

**Other indications**

- C1 PHx congenital heart surgery? ischaemia
- C2 Abnormal resting ECG? ischaemia
- C3 Indeterminate lesion on CTCA
- C4 Shortness of breath on exertion (SOBOE)? Cause
- C5 Pre-operative with poor exercise capacity and PHx of IHD, CVA, CCF, DM on insulin, or serum Cr >170
- C6 Assessment of valvular disease or ischaemic threshold during exercise prior to intervention
- C7 Ischaemia in patient with impaired cognition or expressive language skills

\* Gap Fee Applied

ABN: 86 646 493 638

**SEE OVERLEAF:**

Important information for patients | Our contact details | Location | Working hours | Map

# IMPORTANT INFORMATION

## FOR ALL PATIENTS:

### Holter Monitor and Ambulatory Blood Pressure Monitor

- Wear a loose-fitting top.
- Allow at least 15 minutes for monitor fitting.
- Monitors must be returned to the clinic as per agreed date and time.
- No shower while wearing the monitor.

### Stress ECG/Stress Echo

- Wear comfortable walking shoes.
- Do not eat or drink 2 hours prior to the test.
- Allow at least 30 minutes for the test.
- Please check with your doctor if you need to stop any relevant medications prior to the test.

## FOR NEW PATIENTS:

Fill out a "New Patient Form" online:  
[www.rotarhearthealth.com.au](http://www.rotarhearthealth.com.au)

Or please arrive 10 minutes earlier to fill out a printed copy at our clinic.

**PLEASE BRING YOUR  
MEDICARE CARD**

## FRANKSTON CLINIC:

### WORKING HOURS:

By Appointment Only  
Home Visits Available

### ADDRESS:

11 Foot st,  
Frankston, VIC 3199  
(Entry via Carpark on Winifred St.)



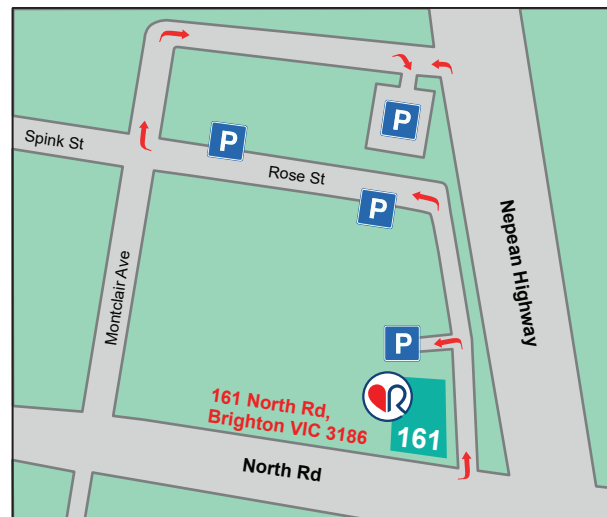
## BRIGHTON CLINIC:

### WORKING HOURS:

MONDAY - FRIDAY  
9am - 6pm

### ADDRESS:

G Floor, 161 North Rd,  
Brighton, VIC 3186



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