Heart Health Rotar

REFERRAL AND/OR REQUEST FOR CARDIAC SERVICES

1300 R HEART , 1300 743 278

APPOINTMENT TIME: _____ DATE: _____

Name:

Address:

Date of Birth:
Gender:

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 Assessment***
- ☐ **12 Lead ECG***
- ☐ **Ambulatory Blood Pressure Monitor**
- ☐ **24hr Holter (ECG) Monitor**
- ☐ **Multi-Day myPatch-Holter Monitor *** ☐ **Child (0-14)**
- ☐ **Echocardiogram** ☐ **Child (0-14)**
- ☐ **Echocardiogram (Bubble Study)***
- ☐ **Exercise Stress ECHO**
- ☐ **Exercise Stress ECG**
- ☐ **Pacemaker Check**

FRANKSTON CARDIAC CLINIC:

- ☐ **12 Lead ECG*** ☐ **Child (0-14)**
- ☐ **Ambulatory Blood Pressure Monitor**
- ☐ **24hr Holter (ECG) Monitor**
- ☐ **Multi-Day myPatch-Holter Monitor ***
- ☐ **Echocardiogram** ☐ **Child (0-14)**
- ☐ **Exercise Stress ECHO**

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: 15 689 174 623

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

IMPORTANT INFORMATION

FOR 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.

OPERATING HOURS:

9:00 AM TO 6:00 PM
MONDAY TO FRIDAY

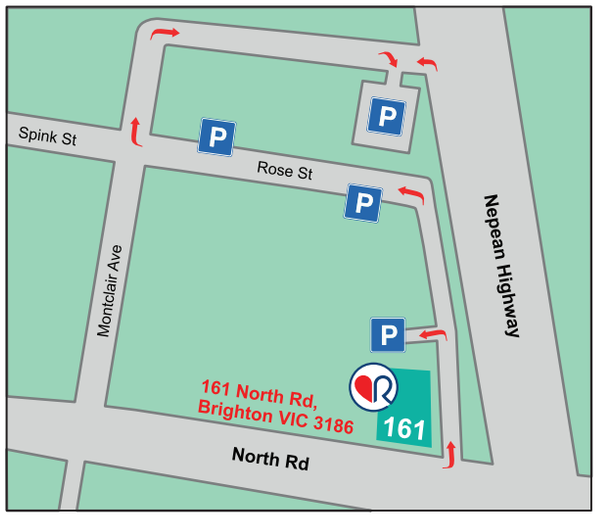
PLEASE BRING YOUR MEDICARE CARD

FRANKSTON CLINIC:

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

BRIGHTON CLINIC:

ADDRESS:
G Floor, 161 North Rd,
Brighton, VIC 3186



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