



Patient Name: .....  
 DOB: .....  
 Phone: .....

Referring Doctor: .....  
 Address: .....  
 Signature: .....  
 Date: .....  
 Provider No: .....

**CLINICAL DETAILS:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>REFERRAL FOR CONSULTATION</b> | <input type="checkbox"/> First Available<br><input type="checkbox"/> A/Prof Cameron Holloway<br><input type="checkbox"/> A/Prof Andrew Jabbour<br><input type="checkbox"/> Dr Jason Kaplan<br><input type="checkbox"/> A/Prof Jane McCrohon | <input type="checkbox"/> Dr James Otton<br><input type="checkbox"/> Dr Eoin O'Dwyer<br><input type="checkbox"/> A/Prof Neville Sammel<br><input type="checkbox"/> Dr Stephanie Wilson |
|---|---|---|

Request for:	Indications:	Medicare Eligibility
<input type="checkbox"/> <b>ECHOCARDIOGRAM</b>	<input type="checkbox"/> Suspected or known LV/RV dysfunction, LVH or CCF <input type="checkbox"/> Suspected valvular dysfunction <input type="checkbox"/> Pulmonary hypertension <input type="checkbox"/> Pericardial, aortic disease or chemotherapy <input type="checkbox"/> Other rare indications	* Request once every 2 years by any medical practitioner including GP * Asymptomatic * Symptomatic to guide therapy
<input type="checkbox"/> <b>STRESS ECHO</b>	<input type="checkbox"/> Chest pain or discomfort <input type="checkbox"/> Patients with suspected or known silent ischaemia <input type="checkbox"/> Known CAD <ul style="list-style-type: none"> <li>- symptoms have evolved since last functional study</li> <li>- Symptoms not adequately controlled by medication</li> </ul> <input type="checkbox"/> Abnormal ECG suggestive of CAD/ischaemia <input type="checkbox"/> CTCA findings of unknown functional significance <input type="checkbox"/> Exertional shortness of breath <input type="checkbox"/> Pre-operative assessment in patients with a history of at least one of: IHD, CCF, CVA/TIA, CRF, T1DM. <input type="checkbox"/> Pre-operative assessment prior to cardiac surgery or PCI to assess functional capacity, severity of AS or valvular regurgitation	* Request once every 2 years by any medical practitioner including GP * Evolved symptoms not more than once in 12 months
<input type="checkbox"/> <b>RESTING ECG</b>		
<input type="checkbox"/> <b>HOLTER MONITOR</b>	<input type="checkbox"/> Palpitations (>= once 1/week) <input type="checkbox"/> Syncope/Presyncope <input type="checkbox"/> Asymptomatic arrhythmias <input type="checkbox"/> Detection of AF for TIA/CVA <input type="checkbox"/> Post cardiac surgery	<input type="checkbox"/> 24 hour - Once every 4 weeks <input type="checkbox"/> 48 hour - once in 3 months <input type="checkbox"/> 7 days - once in 3 months <input type="checkbox"/> Event monitoring - up to 4 weeks monitoring once a year.
<input type="checkbox"/> <b>AMBULATORY BP</b>		Non Medicare item
<input type="checkbox"/> <b>STRESS ECG</b>	<input type="checkbox"/> Suspected cardiac ischaemia <input type="checkbox"/> Suspected cardiac disease exacerbated by exercise <input type="checkbox"/> Family history of suspected heritable arrhythmia	Request once every 2 years (including stress echo and myocardial perfusion scan)

**Attention Requesting Practitioners:**

From 1<sup>st</sup> August 2020, Medicare has made some changes to Cardiac Services Item numbers including specific indications, who can refer and frequency of test.

Tests requested outside of these guidelines will not be eligible for Medicare rebate thus will incur a private fee