



Patient Name: _____ Referring Doctor: _____
 DOB: _____ Signature: _____
 Phone: _____ Provider No: _____
 Date: _____

CLINICAL DETAILS:

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

Request for:	Indication:	Medicare Eligibility	
<input type="checkbox"/> ECHOCARDIOGRAM	<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"/> STRESS ECHO	<input type="checkbox"/> Chest pain or chest discomfort <input type="checkbox"/> Known CAD <ul style="list-style-type: none"> - symptoms have evolved since last functional study - symptoms not adequately controlled by medication <input type="checkbox"/> Typical/atypical angina <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 <input type="checkbox"/> Patients with suspected or known silent ischaemia	* Request once every 2 years by any medical practitioner include GP * Evolved symptoms not more than once in 12 months	
<input type="checkbox"/> TRANSOESOPHAGEAL ECHOCARDIOGRAM (T.O.E)	<input type="checkbox"/> Atrial fibrillation/Atrial flutter for DC Cardioversion - exclude LAA thrombus <input type="checkbox"/> Valvular heart disease assess severity <input type="checkbox"/> Assess for cardiac source of emboli <input type="checkbox"/> Preoperative work up for structural heart intervention		
<input type="checkbox"/> RESTING ECG		Nil	
<input type="checkbox"/> HOLTER MONITOR	<input type="checkbox"/> 24 hour <input type="checkbox"/> 48 hour <input type="checkbox"/> 7 days <input type="checkbox"/> Event Monitoring <input type="checkbox"/> Heart Bug	<input type="checkbox"/> Palpitations <input type="checkbox"/> Syncope <input type="checkbox"/> Asymptomatic arrhythmias <input type="checkbox"/> Detection of AF for TIA/CVA <input type="checkbox"/> Post cardiac surgery <input type="checkbox"/> Not Medicare eligible	* 24 hour - Once every 4 weeks * 48 hour - Once in 3 months * 7 days - once in 3 months * Event monitoring - up to 4 weeks monitoring once a year
<input type="checkbox"/> AMBULATORY BP		* Request once in 12 months * Clinic blood pressure measurement: SBP ≥ 140mmHg - ≤ 180mmHg DBP ≥ 90mmHg - ≤ 110mmHg	
<input type="checkbox"/> STRESS ECG	<input type="checkbox"/> Suspected of 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)	