

## REQUEST FOR EXAMINATION

For consultation, please contact Cardiologist's rooms directly

Patient Name:	DOB:	<p><b>Attention Requesting Practitioners</b></p> <p>Effective 1 August, 2020, Medicare has made <b>significant changes</b> to Cardiac Services Item #'s including specific indications, who can refer and how often.</p> <p>Please review the guidelines we've provided and request within them. Tests requested outside of these guidelines <b>can</b> be done, however the patient <b>will not</b> be eligible for a rebate.</p>
Referring Doctor:	Provider No:	
Referring Doctor Address:		
Signature:	Date:	

Request for:	Limitations	Indications <small>(one indication per test requested <b>MUST</b> be selected)</small>
<input type="checkbox"/> <b>Resting ECG</b> <small>Date/Time</small>	nil	
<input type="checkbox"/> <b>24 Hour ECG (Holter)</b>  <small>Date/Time</small>	• Once every 4 weeks	<input type="checkbox"/> Syncope <input type="checkbox"/> Presyncope <input type="checkbox"/> Palpitations > 1/week <input type="checkbox"/> Asymptomatic arrhythmia suspected > 1/week <input type="checkbox"/> Post cardiac surgery <input type="checkbox"/> Detection of AF after TIA or Stroke <input type="checkbox"/> Baby, young child or other patient where HR needs to be documented but unable to obtain accurate history
<input type="checkbox"/> <b>24 Hour BP Monitor</b> <small>Date/Time</small>	nil	
<input type="checkbox"/> <b>Exercise Stress ECG (11729)</b> <input type="checkbox"/> <b>&lt; 17 years of age (11730)</b> <small>Date/Time</small>	• Once per 2 years (including myocardial perfusion scan and Stress Echo)	<input type="checkbox"/> Symptoms consistent with cardiac ischaemia <input type="checkbox"/> Other cardiac disease which may be exacerbated by exercise <input type="checkbox"/> 1° relative with suspected heritable arrhythmia
<input type="checkbox"/> <b>Resting Echo (55126) Initial Study</b>  <small>Date/Time</small>	• Request by <b>ANY</b> Medical Practitioner (including GP) • Once per 2 years (including all other Echo Item #'s)	Investigation of <input type="checkbox"/> Symptoms or signs of cardiac failure <input type="checkbox"/> Suspected or known LVH or LV dysfunction <input type="checkbox"/> Pulmonary HTN <input type="checkbox"/> Heart Tumour <input type="checkbox"/> Valvular, aortic, pericardial, thrombotic or embolic disease <input type="checkbox"/> Symptoms or signs of congenital heart disease <input type="checkbox"/> Other rare indications
<input type="checkbox"/> <b>Exercise Stress Echo (55141) Initial Study</b>  <small>Date/Time</small>	• Request by <b>ANY</b> Medical Practitioner (including GP) • Once per 2 years (including 55143 & 55146)	Patient displays 1 or more of the following (typical or atypical angina): <input type="checkbox"/> Constricting discomfort <input type="checkbox"/> Symptoms are precipitated by physical exertion <input type="checkbox"/> Symptoms are relieved by GTN within 5 minutes
<p><b>Please elaborate on signs / symptoms / indications:</b></p>		Patient has known CAD and displays one or more of the following: <input type="checkbox"/> Symptoms not adequately controlled by medical therapy <input type="checkbox"/> Symptoms have evolved since last functional study  Patient has one or more of the following: <input type="checkbox"/> Congenital HD, has undergone Sx & has suspected ischaemia <input type="checkbox"/> ECG c/w CAD or ischaemia in a patient without known CAD <input type="checkbox"/> CTCA shows CAD burden with unknown functional significance <input type="checkbox"/> Absence of CAD, exertional dyspnoea of uncertain aetiology <input type="checkbox"/> Pre-Op assessment of a patient with exercise capacity < 4 METs and has at least one of: IHD, CCF, CVA or TIA, CRF (CR>170, CC<60), IDDM <input type="checkbox"/> Pre Cardiac Sx or PCI to assess: severity of AS or valvular regurgitation and functional capacity, or ischaemic threshold <input type="checkbox"/> Patients with silent ischaemia (suspected or known) or where communication issue prevents symptom assessment

**You MUST bring this Request form with you when you attend for your test(s)**

Request for:	Limitations	Indications (one indication per test requested <b>MUST</b> be selected)
<input type="checkbox"/> <b>Resting Echo (55133)</b> <b>Frequent Repetition Study</b> Date/Time	<ul style="list-style-type: none"> <li>Request by <b>ANY</b> Medical Practitioner (including GP)</li> </ul>	<input type="checkbox"/> Isolated pericardial effusion or pericarditis <input type="checkbox"/> Monitoring of patients on medication (required to comply with PBS Guidelines)

## PATIENT INFORMATION

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### EXERCISE STRESS ECG AND EXERCISE STRESS ECHO

Please bring a list of your current medications.  
 A light meal is allowable at least 2 hours before your appointment.  
 Please wear comfortable exercise clothing and walking/running shoes.

### 24 HOUR AMBULATORY ECG / BP MONITOR

Please shower before your appointment as you will **NOT** be able to shower / bathe again until the monitor is removed 24 hours later. You are required to return at the same time the following day to have the monitor removed.  
Males: please wear a loose fitting top.  
Females: please wear a loose fitting or stretchy top and comfortable bra as you will be required to wear this overnight.

### RESTING ECHO AND RESTING ECG

No preparation is required for these tests.

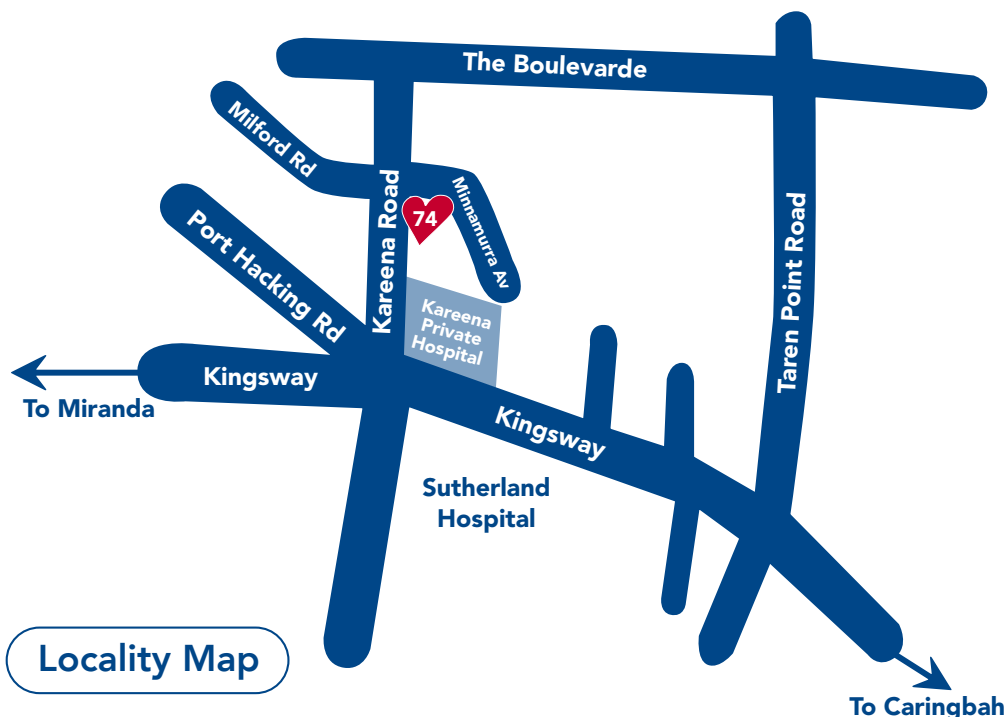
### Referral for Consultation by:

- Dr Maurits Binnekamp   
  Dr Nicholas Cunio   
  Dr Richard Szirt   
  Dr Ananth Prasan   
  Dr James Roy

*Please allow adequate time for parking due to the busy nature of the precinct.*

**All bookings, please call 9526 8820**

**If you have any questions, please call  
 Southern Cardiology or visit us online at  
[www.southern-cardiology.com.au](http://www.southern-cardiology.com.au)**



Your doctor has recommended that you use Southern Cardiology. You may choose another provider but please discuss this with your doctor first.

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