

REQUEST FOR EXAMINATION

For consultation, please contact Cardiologist's rooms directly

Patient Name:	DOB:	<p>Attention Requesting Practitioners</p> <p>Effective 1 August, 2020, Medicare has made significant changes 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 can be done, however the patient will not 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 MUST be selected)</small>
<input type="checkbox"/> Resting ECG <small>Date/Time</small>	nil	
<input type="checkbox"/> 24 Hour ECG (Holter) <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"/> 24 Hour BP Monitor <small>Date/Time</small>	nil	
<input type="checkbox"/> Exercise Stress ECG (11729) <input type="checkbox"/> < 17 years of age (11730) <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"/> Resting Echo (55126) Initial Study <small>Date/Time</small>	• Request by ANY 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"/> Exercise Stress Echo (55141) Initial Study <small>Date/Time</small>	• Request by ANY 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>Please elaborate on signs / symptoms / indications:</p>		<p>Patient has known CAD and displays one or more of the following:</p> <input type="checkbox"/> Symptoms not adequately controlled by medical therapy <input type="checkbox"/> Symptoms have evolved since last functional study <p>Patient has one or more of the following:</p> <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

Request for:	Limitations	Indications (one indication per test requested MUST be selected)
<input type="checkbox"/> Resting Echo (55133) Frequent Repetition Study Date/Time	<ul style="list-style-type: none"> Request by ANY Medical Practitioner (including GP) 	<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.

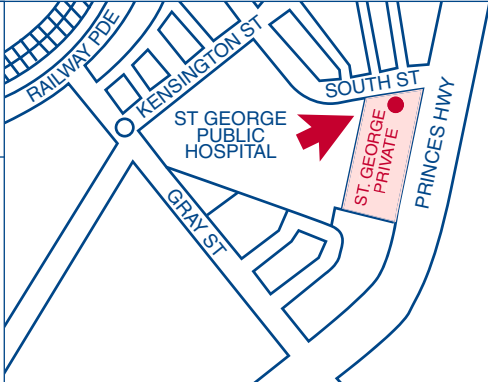
Males: please wear a loose fitting top.

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.

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

<p>All bookings, please call 9553 7388</p>		<p>KOGARAH Suite 18 Level 4 St. George Private Hospital 1 South Street KOGARAH 2217</p>
<p>If you have any questions, please call Southern Heart Centre on 9553 7388 or visit us online at www.southernheartcentre.com.au</p>		

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

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