Echo Heart Centre Level 3, Suite 23

242 – 244 Caroline Springs Blvd, Caroline Springs, 3023

Tel: 03 9217 6300 Fax: 03 9217 6333



Patie	nt Name:		
Date	of Birth:		
Cont	act Number:		
Med	icare Card No.		
is not	all referrals MUST identify the clinical indications in order to qualify for Bulk Billing. If not, the service eligible for a Medicare rebate and a fee for service will be payable. etick appropriate indication below:		
	CISE STRESS ECG (limited to once in a 24 month period)		
	Symptoms of cardiac ischaemia Other cardiac disease exacerbated by exercise		
	First degree relatives with suspected heritable arrhythmia		
100	That degree relatives with adapected heritable armythina		
STRES	S ECHOCARDIOGRAM (limited to once in a 24 month period)		
Symp	toms of typical or atypical angina		
	Constricting discomfort in the chest, neck, shoulder, jaw or arms		
	Exertional symptoms		
	Symptoms are relieved by rest or GTN		
Know	Known coronary artery disease with one or more symptoms suggestive of ischaemia		
	Not controlled with medical therapy		
	Have evolved since the last functional study		
	indications		
	PHx congenital heart surgery ? ischaemia		
	Abnormal resting ECG ? ischaemia Indeterminate lesion on CTCA		
	Undue shortness of breath on exertion (SOBOE) ? cause		
	Pre-operative with poor exercise capacity <u>and</u> PHx of IHD, CVA, CCF, DM on insulin, or serum Cr > 170		
	Assessment of valvular disease or ischaemic threshold during exercise prior to intervention		
	? Ischaemia in patient with impaired cognition or expressive language skills		
<u>OTHE</u>	<u>R</u>		
	TRANSTHORACIC/RESTING ECHOCARDIOGRAM (limited to once in a 24 month period)		
	24 HOUR HOLTER MONITOR (limited to once in a 4 week period)		
	ECG		
	CONSULTATION		

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CLINICAL NOTES	
<u>MEDICATIONS</u>	
REFERRING DOCTOR DETAI	
Referring Doctor Name:	
Provider No.	
Address	
Phone/Fax	
Signature:	
Date:	