

Echo Heart Centre
 Level 3, 242-244 Caroline Springs Blvd
 CAROLINE SPRINGS VIC 3023
 Tel: 03 9217 6300 Fax: 03 9217 6333



Patient Name:	
Date of Birth:	
Address:	
Contact Number:	

Note: all referrals MUST identify the clinical indications in order to qualify for Bulk Billing. If not, the service is not eligible for a Medicare rebate and a fee for service will be payable.

Please tick appropriate indication below:

EXERCISE STRESS ECG (limited to once in 24 months period)

- Symptoms of cardiac ischaemia
- Other cardiac disease exacerbated by exercise
- First degree relatives with suspected heritable arrhythmia

STRESS ECHOCARDIOGRAM (limited to once in 24 month period)

Symptoms of typical or atypical angina

- Constricting discomfort in the chest, neck, shoulder, jaw or arms
- Exertional symptoms
- Symptoms are relieved by rest or GTN

Known coronary artery disease with one or more symptoms suggestive of ischaemia

- Not controlled with medical therapy
- Have evolved since the last functional study

Other 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 and 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

TRANSTHORACIC ECHOCARDIOGRAM (limited to once in 24 months period)

- Resting/baseline transthoracic echocardiogram

Referring Doctor Name:	
Provider No.	
Address	
Phone/Fax	
Date	

Please fax this form to 03 9217 6333