HEART SERVICE
Cardiac Investigation Unit

Peninsula University Hospital Hastings Road
PO Box 52 Frankston VIC 3199
Phone (03) 9784 1177 Fax (03) 9125 8930
Email ChestPainClinic@phcn.vic.gov.au

UR NUMBER .....

SURNAME .....

GIVEN NAMES .....

DATE OF BIRTH .....
Please fill in if no Patient Label available

App.2/2/26 Print Code:12944

PHF055425t

REFERRING DOCTOR *must be completed* ***IN FULL***

Name: .....

Date: ...../...../.....

Provider No: .....

Mobile: .....
Mobile Number is Mandatory

Signature: .....

FOR INPATIENT REFERRALS ONLY

IP Unit ..... Consultant .....

REPORT COPIES

GP: .....

Specialist: .....

MEDICARE APPROVED INDICATIONS FOR EXERCISE STRESS ECG, EXERCISE STRESS ECHO AND DOBUTAMINE STRESS ECHO - If you have requested A Stress Echo or Stress ECG, you MUST tick the appropriate indication below. Stress Echo or Stress ECG can generally only be claimed once in a 2 year period. Within this time frame, the patient may be required to pay.

EXERCISE STRESS ECHO AND DOBUTAMINE STRESS ECHO

A – Symptoms of typical or atypical angina

- ☐ A1 Constricting discomfort in the chest, neck, shoulders, jaw or arms
- ☐ A2 Exertional symtoms
- ☐ A3 Symptoms are relieved by rest or GTN

B – Known coronary artery disease with one or more symptoms Suggestive of ischaemia

- ☐ B1 Not controlled with medical therapy
- ☐ B2 Have evolved since the last functional study

C – Other indications

- ☐ C1 PHx congenital heart surgery? ischaemia
- ☐ C2 Abnormal resting ECG? ischaemia
- ☐ C3 Indeterminate lesion on CTCA
- ☐ C4 Shortness of breath on exertion (SOBOE)? Cause
- ☐ C5 Pre-operative with poor exercise capacity and PHx of IHD, CVA, CCF, DM on insulin, or serum Cr >170
- ☐ C6 Assessment of valvular disease or ischaemic threshold during exercise prior to intervention
- ☐ C7 ? Ischaemia in patient with impaired cognition or expressive language skills

EXAMINATION REQUIRED

- ☐ **Exercise stress echo** ☐ **Exercise ECG alone**
- ☐ **Dobutamine stress echo**

For these three functional tests, the indications section at the bottom ***MUST*** *be completed for this form to be processed*

- ☐ **Echocardiogram** – *refer to bottom of page for new Medicare rules*
- ☐ **Ambulatory Blood Pressure Monitor**
- ☐ **12 lead ECG**
- ☐ **Holter Monitor** – *24 hour recording only*
- ☐ **Holter Monitor** – *7 Day*
- ☐ **Heart Bug - 28 day monitoring**
- ☐ **Pacemaker or ICD check** – *device make and model must be provided*

PATIENT LOCATION
☐ INPATIENT Ward Bed
☐ OUTPATIENT

CLINICAL HISTORY AND QUESTION

Include special instructions – e.g., contact precautions, don't withhold beta blocker

OFFICE USE ONLY

CLERICAL STAFF
Medicare OPV check complete ☐
Initials: ..... Date: .....

CLERICAL STAFF
Indication valid ☐ YES ☐ NO
Please circle relevant item number

STANDARD ECHO

55126	55127	55128	55129	55133	55134

STRESS TEST

11729	55141	55143	55145	55146

MEDICARE APPROVED INDICATIONS FOR TRANSTHORACIC ECHOCARDIOGRAM:

Please be aware that new service rules apply to all standard echocardiography item numbers. A standard echo can only be claimed once in a 24 month period except for limited specific exemptions documented by Medicare.

PLEASE BRING YOUR MEDICARE CARD WITH YOU.

2/2/26 Print Code:12944 Ref.Link

CARDIAC INVESTIGATION UNIT REQUEST

MR/055425