

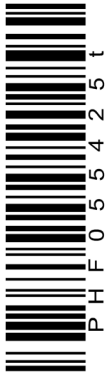


HEART SERVICE

Cardiac Investigation Unit

Frankston Hospital Hastings Road
 PO Box 52 Frankston VIC 3199
 Phone (03) 9784 1177 Fax (03) 9784 2387
 Email ChestPainClinic@phcn.vic.gov.au

UR NUMBER
 SURNAME
 GIVEN NAMES
 DATE OF BIRTH Gender
 Please fill in if no Patient Label available Rev.11/8/2020 Print Code:12944



P H F 0 5 5 4 2 5 5 T
11/8/2020 Print Code:12944 Ref. Link

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 symptoms
- 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
- 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

EXERCISE STRESS ECG ALONE

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

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
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STRESS TEST

11729	55141	55143	55145	55146
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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.

CARDIAC INVESTIGATION UNIT REQUEST

MR/055425