



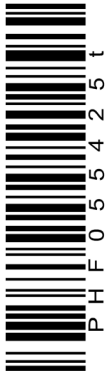
# HEART SERVICE

## Cardiac Investigation Unit

Frankston 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.9/5/2024 Print Code:12944



P H F 0 5 5 4 2 5 t

### 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*

### 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.**

9/5/2024 Print Code:12944 Ref.Link

CARDIAC INVESTIGATION UNIT REQUEST

MR/055425