

## REQUEST FOR EXAMINATION

For consultation, please contact rooms directly

Patient Name:	DOB:	<b>FOR SENDING REQUEST FORMS ONLY:</b> <b>reception@southern-cardiology.com.au</b> <b>or 0409 567 388 (does not receive calls)</b>
Referring Doctor:	Provider No:	
Referring Doctor Address:		
Signature:	Date:	<b>Attention Requesting Practitioners</b> Please use indications below. Tests requested outside of these guidelines can be done, however the patient <b>will not</b> be eligible for a rebate.

Request for	Limitations	Indications (one indication per test requested <b>MUST</b> be selected)
<input type="checkbox"/> <b>Resting ECG</b> Date/Time	nil	
<input type="checkbox"/> <b>24 Hour ECG (Holter) (11716)</b> Date/Time	• Once every 4 weeks	<input type="checkbox"/> Syncope <input type="checkbox"/> Presyncope <input type="checkbox"/> Palpitations > 1/week <input type="checkbox"/> Asymptomatic arrhythmia suspected > 1/week <input type="checkbox"/> Post cardiac surgery <input type="checkbox"/> Detection of AF after TIA or Stroke
<input type="checkbox"/> <b>24 Hour BP Monitor</b> Date/Time	nil	
<input type="checkbox"/> <b>Exercise Stress ECG (11729)</b> <input type="checkbox"/> <b>&lt; 17 years of age (11730)</b> Date/Time	• Once per 2 years (including myocardial perfusion scan and Stress Echo)	<input type="checkbox"/> Symptoms consistent with cardiac ischaemia <input type="checkbox"/> Other cardiac disease which may be exacerbated by exercise <input type="checkbox"/> 1° relative with suspected heritable arrhythmia

### Resting Echocardiogram

<input type="checkbox"/> <b>Initial Study (55126)</b> Date/Time	• Request by <b>ANY</b> Medical Practitioner (including GP) • Once per 2 years	<input type="checkbox"/> Symptoms or signs of cardiac failure <input type="checkbox"/> Suspected or known LVH or LV dysfunction <input type="checkbox"/> Pulmonary HTN <input type="checkbox"/> Heart Tumour <input type="checkbox"/> Valvular, aortic, pericardial, thrombotic or embolic disease <input type="checkbox"/> Symptoms or signs of congenital heart disease
<input type="checkbox"/> <b>Frequent Repetition Study (55133)</b> Date/Time	• Request by <b>ANY</b> Medical Practitioner (including GP)	<input type="checkbox"/> Isolated pericardial effusion or pericarditis <input type="checkbox"/> Monitoring of patients on medication (must comply with PBS Guidelines)
<input type="checkbox"/> <b>Repeat Valve Study (55127)</b> Date/Time	• <b>Specialist ONLY</b> • Frequency as per CSANZ Guidelines	
<input type="checkbox"/> <b>Repeat HF or SHD Study (55129)</b> Date/Time	• <b>Specialist ONLY</b> • Frequency as per CSANZ Guidelines	Similar indications as initial study except valvular or congenital <input type="checkbox"/> HF <input type="checkbox"/> LVH/LV dysfn <input type="checkbox"/> Pul HT <input type="checkbox"/> Heart Tumor <input type="checkbox"/> Aortic, pericardial, thrombotic, embolic <input type="checkbox"/> Structural HD

### Exercise Stress Echocardiogram

<input type="checkbox"/> <b>Initial Study (55141)</b> Date/Time	• Request by ANY Medical Practitioner (including GP) • Once per 2 years (including 55143 & 55146)	<u>Patient displays 1 or more of the following (typical or atypical angina):</u> <input type="checkbox"/> Constricting discomfort <input type="checkbox"/> Symptoms are precipitated by physical exertion <input type="checkbox"/> Symptoms are relieved by GTN within 5 minutes
<input type="checkbox"/> <b>Repeat Study (55143)</b> Date/Time	• <b>Specialist ONLY</b> • Once per 12 months (must have had 55141, 55145 or 55146)	<u>Patient has known CAD and displays one or more of the following:</u> <input type="checkbox"/> Symptoms not adequately controlled by medical therapy <input type="checkbox"/> Symptoms have evolved since last functional study
<b>Additional information for any test (one INDICATION box must also be ticked):</b>		<u>Patient has one or more of the following:</u> <input type="checkbox"/> ECG c/w CAD or ischaemia in a patient without known CAD <input type="checkbox"/> CTCA shows CAD burden with unknown functional significance <input type="checkbox"/> Absence of CAD, exertional dyspnoea of uncertain aetiology <input type="checkbox"/> Pre-Op assessment of patient with exercise capacity < 4 METs and with at least: IHD, CCF, CVA or TIA, CRF (CR>170, CC<60), IDDM <input type="checkbox"/> Pre Cardiac Sx or PCI to assess: severity of AS or valvular regurgitation and functional capacity, or ischaemic threshold <input type="checkbox"/> Patients with silent ischaemia (suspected or known), or where communication issue prevents symptom assessment

## PATIENT INFORMATION

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### EXERCISE STRESS ECG AND EXERCISE STRESS ECHO

Please bring a list of your current medications.  
A light meal is allowable at least 2 hours before your appointment.  
Please wear comfortable exercise clothing and walking/running shoes.

### 24 HOUR AMBULATORY ECG / BP MONITOR

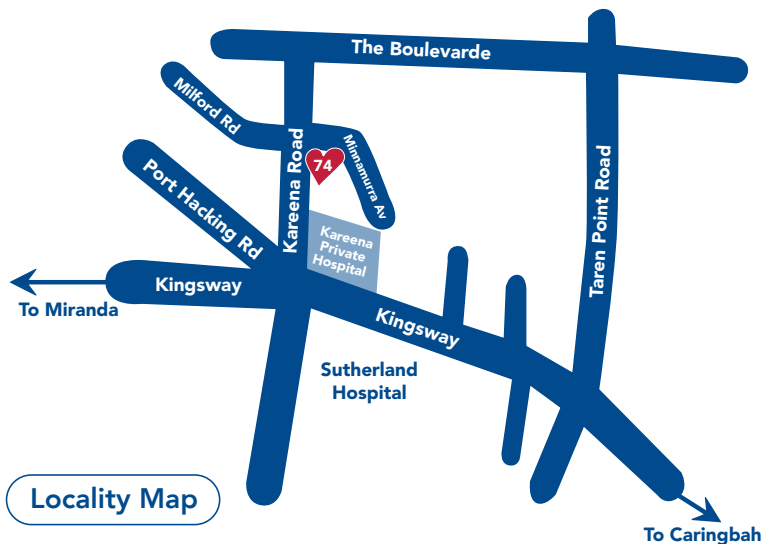
Please shower before your appointment as you will **NOT** be able to shower / bathe again until the monitor is removed 24 hours later. You are required to return at the same time the following day to have the monitor removed.

Males: please wear a loose fitting top.

Females: please wear a loose fitting or stretchy top and comfortable bra as you will be required to wear this overnight.

### RESTING ECHO AND RESTING ECG

No preparation is required for these tests.



### Referral for Consultation by:

- Dr Maurits Binnekamp     Dr Nicholas Cunio
- Dr Richard Szirt     Dr Ananth Prasan
- Dr John Riskallah

*Please allow adequate time for parking due to the busy nature of the precinct.*

**All bookings, please call 9526 8820**

**If you have any questions, please call Southern Cardiology or visit us online at [www.southern-cardiology.com.au](http://www.southern-cardiology.com.au)**

Your doctor has recommended that you use Southern Cardiology. You may choose another provider but please discuss this with your doctor first.

**You MUST bring this Request form with you when you attend for your test(s)**