

In-patient

Out-patient

**URGENT**   
(please phone the tech)

### Referring Doctor's details:

Dr. \_\_\_\_\_

Signature: \_\_\_\_\_

Clinic: \_\_\_\_\_

Date of referral: \_\_\_/\_\_\_/\_\_\_

Provider No: \_\_\_\_\_

cc: \_\_\_\_\_

cc:  BRHS Medical Records

### Patient details: (or label)

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

test info: [www.gcardiactech.com.au](http://www.gcardiactech.com.au)

**Test(s) requested: Echocardiogram**  (Once every 2 years ONLY, unless for surveillance of known valve disease)

Indication:

- Signs or symptoms of cardiac failure
- Suspected or known LV hypertrophy or dysfunction
- Pulmonary Hypertension
- Signs or symptoms of congenital heart disease

- Surveillance of pericardial effusion
- Valvular disease
- Thrombotic/ embolic disease
- Heart tumour
- Oncology/medication surveillance

**Test(s) requested: Stress Echocardiogram**  (Once every 2 years)

Indication:

- Front of chest pain
- Typical or atypical angina
- Neck, shoulder, jaw or arm pain
- Symptoms caused by physical exertion
- Pre catheter-based intervention
- CTCA with ? functional significance

- Cease Beta Blockers**
- Do NOT cease Beta Blockers**
- SOBOE
- 12 lead ECG suggestive of IHD
- Increase cardiac output AS assessment
- ? silent MI
- Pre-operative assessment (with PHx  
IDDM, Renal dysfn, stroke or heart disease).

**Test(s) requested: Holter Monitor**  (No time restrictions)

Indication:

- Syncope
- Pre-syncopal episodes
- Palpitations > once per week

**(24h / 48hr / 3 day / 5day / 7day)**

- Surveillance post cardiac surgery
- ? Asymptomatic AF post TIA or stroke
- Asymptomatic arrhythmia suspected > once per week

**Important Note:** As of August 2020, Medicare rebates will only apply to cardiac investigations where the referral reason is covered by the grey tick-boxes above. Non-compliant referrals will be returned to the requesting clinician, **OR tick the box below to acknowledge that no Medicare rebate will apply.**

Non-Compliant Referral. Patient agrees to pay, no rebate available.

### Further clinical details:

### Past medical history:

- Other \_\_\_\_\_
- CABG (year \_\_\_\_\_)
- Coronary Stent
- Stroke
- Valve surgery (year \_\_\_\_\_)
- MI
- NSTEMI
- PPM
- AICD

**A legible signed and dated referral is a legal requirement for testing to proceed.**

To the patient: Your doctor has requested that you undergo testing at Gippsland Cardiac Tech.

You may use another provider, but please discuss this with your doctor first. © Gippsland Cardiac Tech 2018