



PATIENT INFORMATION:

First Name: Surname: D.O.B:/...../.....

Address: Ph:



Heartlab
'your heart's in good hands'

INVESTIGATIONS REQUIRED: (please check ✓)

- | | |
|---|---|
| 1. <input type="checkbox"/> Stress Echocardiogram
(complete check box below) | 4. <input type="checkbox"/> 24-hr Holter Monitor |
| 2. <input type="checkbox"/> Exercise Stress Test | 5. <input type="checkbox"/> Event / Loop Recorder |
| 3. <input type="checkbox"/> Echocardiogram | 6. <input type="checkbox"/> 12-lead ECG |
| | 7. <input type="checkbox"/> Pacemaker Check |

APPOINTMENT FOR CONSULTATION REQUIRED FROM CARDIOLOGIST:

- | | |
|---|--|
| 8. <input type="checkbox"/> Dr Guy Wright-Smith (Interventional) | 13. <input type="checkbox"/> Dr Jodi Harker (Echocardiography) |
| 9. <input type="checkbox"/> Dr Shailesh Khatri (Interventional) | 14. <input type="checkbox"/> Dr Will Peverill (Interventional) |
| 10. <input type="checkbox"/> Dr John Meulet (Electrophysiologist) | 15. <input type="checkbox"/> Dr Robert Puchalski (Electrophysiologist) |
| 11. <input type="checkbox"/> Dr Stirling Carlsen (Echocardiography) | 16. <input type="checkbox"/> Dr Andrew Mamo (Echocardiography) |
| 12. <input type="checkbox"/> Dr Ben Hunt (Electrophysiologist) | 17. <input type="checkbox"/> Dr Glen Aprile (Interventional) |

CLINICAL NOTES:

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MEDICARE REBATE CRITERIA FOR STRESS ECHO/DOBUTAMINE STRESS ECHO (please check ✓)

- Chest / neck / shoulder / jaw / arm discomfort or
- Symptoms brought on by exertion OR relieved with GTN or
- Known coronary artery disease with evolving symptoms or
- Ischaemic ECG changes or
- CT evidence of coronary artery disease of uncertain functional significance or
- Suspected non-coronary artery disease e.g. shortness of breath on exertion or
- Suspected silent ischaemia in those unable to give reliable history or
- Pre-op assessment if poor functional capacity (<4 METS) & history of ischaemic heart disease or heart failure or stroke/TIA or insulin requiring diabetes or creatinine clearance <60mL/min.

Referring Doctor _____ Provider No _____

Address _____ Date _____

Signature _____

CC to _____

TEST INFORMATION

Test	Duration	Preparation
Exercise Stress Test	1hr	Wear comfortable exercise clothing & footwear. Take all medications (unless advised otherwise)
Echocardiogram	30-45mins	No preparation necessary
Stress Echocardiogram	1hr	Wear comfortable exercise clothing & footwear. Take all medications (unless advised otherwise)
24hr Holter Monitor	15mins to fit 5mins to remove	Clean, dry skin is required. No powder or creams. If possible, please shower before coming to your appointment as you will be unable to shower when monitor is attached
Event Recorder	15mins to fit	Clean dry skin is required. No powder or creams.
ECG	5-10mins	Clean dry skin is required. No powder or creams.

GC North Medical Hub
Suite 1.04, Level 1
502 Hope Island Road
HELENSVALE QLD 4212

Pindara Specialist Suites
Suites 507, Level 5
29 Carrara Street
BENOWA QLD 4217

John Flynn Specialist Suites
Suites 301, Level 3
42 Inland Drive,
TUGUN QLD 4224

Ballina
Suite 4, Level 1
85 Tamar Street
BALLINA NSW 2748

Your doctor has recommended that you use The Cardiac Centre but due to changes in Government Legislation for Echocardiography and Stress Echocardiography you may choose another provider, however please discuss this with your doctor first.

ALL APPOINTMENTS 1300 980 322

Fax: (07) 5591 6775