

REFERRAL FORM

PATIENT DETAILS

Title: Mr / Mrs / Miss / Mstr / Other Surname: _____
Date of Birth: / / First Name: _____
Home No: _____ Mobile No: _____
Email: _____
Address: _____
State: _____ Postcode: _____

REFERRING PRACTITIONER DETAILS

Name: _____ Provider No: _____
Clinic Address: _____
Phone: _____ Fax No: _____
Signature: _____ Date: / /

CLINICAL NOTES

EXAMINATION REQUIRED

Cardiology

- ECG
 24 Hour Blood Pressure Monitor
(applicable only once in any 12-month period)
 Exercise Stress Test — 11729 or 11730
(applicable once every 2 years) +/- cardiac consultation if required
 Exercise Stress Echocardiogram
 Initial — 55141 (once every 2 years)
 Repeat — 55143 (once every 12 months)
+/- cardiac consultation if required

Holter Monitoring

(applicable once in any 4-week period)

- 24 hour
 7 days

Other (please specify)

Echocardiogram

INDICATIONS — INITIAL — 55126

(applicable once every 2 years) Please select indications:

- Abnormal heart sounds since birth, history of congenital defect, unexplained cyanosis or murmur
 Aortic disease
 Breathlessness not explained by other causes, especially if accompanied by loud heart sounds or signs of strain on ECG
 Cardiomyopathy (any type — dilated, restrictive, arrhythmogenic)
 Chest pain or tightness, family history of aortic disease, abnormal imaging suggesting enlargement of the aorta, light-headedness, vertigo
 Coronary artery disease (CAD)
 Dizziness, fainting (syncope), or unexplained neurological events that may be related to the heart, post MI, Pericarditis
 Embolic disease
 Heart tumour
 Hypertrophic obstructive cardiomyopathy (HOCM)
 Ischaemic heart disease (IHD)
 Known heart murmur, abnormal heart sounds, or suspicion of valve problems, chest pain, previous stroke
 Low blood circulation, water retention
 Palpitations
 Pericardial disease
 Reduced exercise tolerance, leg swelling (peripheral oedema)
 Shortness of breath (especially on exertion or lying flat), fatigue
 Sudden onset of breathlessness at night, Pulmonary hypertension (HTN), Post Chemotherapy dyspnoea
 Suspicion of growths or masses in the heart on imaging, or unexplained symptoms suggestive of clot, blurred vision, heart murmur
 Symptoms or signs of cardiac failure
 Symptoms/signs congenital heart disease
 Thrombotic disease
 Unexplained high blood pressure, abnormal ECG showing strain, fatigue or reduced exercise tolerance
 Valvular disease
 Ventricular hypertrophy or dysfunction
 Other (privately billed, no Medicare)