

<p><b>PATIENT DETAILS – 3 FORMS OF ID</b> are required or affix label</p> <p>UR No ..... DOB ..... / ..... / .....</p> <p>Name .....</p> <p>Phone ..... Gender <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Address .....</p>	<p><b>EXAMINATION REQUIRED – see reverse of form for test locations</b></p> <p><input type="checkbox"/> Exercise stress echo <span style="margin-left: 200px;"><input type="checkbox"/> Exercise ECG alone</span></p> <p><input type="checkbox"/> Dobutamine stress echo</p> <p><b>For the above functional tests, the indications section at the bottom <u>MUST</u> be completed for this form to be processed</b></p> <p><input type="checkbox"/> Echocardiogram – refer to bottom of page for new Medicare rules <input type="checkbox"/></p> <p><b>Transoesophageal echo – must have recent echocardiogram first</b> <input type="checkbox"/></p> <p><b>12 lead ECG</b></p> <p><input type="checkbox"/> Holter monitor – 24 hour recording only</p> <p><input type="checkbox"/> Tilt table test – 120 kg weight limit</p> <p><input type="checkbox"/> Pacemaker or ICD check – device make and model must be provided</p>
<p><b>REFERRING DOCTOR – must be completed <u>IN FULL</u></b></p> <p>Name ..... Date ..... / ..... / .....</p> <p>Provider No ..... Phone .....</p> <p>Address .....</p> <p>Signature .....</p>	<p><b>PATIENT LOCATION</b></p> <p><input type="checkbox"/> INPATIENT <span style="margin-left: 100px;"><input type="checkbox"/> OUTPATIENT</span></p> <p>Hospital ..... Ward ..... Bed .....</p>
<p><b>FOR INPATIENT REFERRALS ONLY</b></p> <p>IP Unit ..... Consultant .....</p>	<p><b>CLINICAL HISTORY AND QUESTION</b></p> <p>.....</p> <p><i>Include special instructions – eg, contact precautions, don't withhold beta blocker</i></p>
<p><b>REPORT COPIES</b></p> <p>GP .....</p> <p>Address .....</p> <p>Specialist .....</p> <p>Address .....</p>	

**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 ECG ALONE**

- Symptoms of cardiac ischaemia
- Other cardiac disease exacerbated by exercise
- First degree relatives with suspected heritable arrhythmia

**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

**OFFICE USE ONLY**

**CLERICAL STAFF**

Medicare OPV check complete   
 HPOS eligible  YES  NO

Initials – \_\_\_\_\_ Date – \_\_\_\_\_

**CLINICAL 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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Initials – \_\_\_\_\_ Date – \_\_\_\_\_

**OTHER INFORMATION**

**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 AS ALL PROCEDURES ARE BULK BILLED**

## EASTERN HEALTH LOCATIONS

HOSPITAL	MAILING ADDRESS	PHONE	FAX	ECHO	EXERCISE STRESS ECHO AND ECG	DOBUTAMINE STRESS ECHO	TRANSOESOPHAGEAL ECHO	ECG	HOLTER MONITOR	TILT TABLE TEST	PACEMAKER OR ICD CHECK
<b>BOX HILL HOSPITAL</b> Cardiology Department	8 Arnold Street Box Hill	9895 3391 Option 2	9895 4834	✓	✓	✓	✓	✓	✓	✓	✓
<b>MAROONDAH HOSPITAL</b> Allied Health Department	Davey Drive Ringwood East	9871 3511	9871 3512	✓				✓	✓		
<b>ANGLISS HOSPITAL</b> CRC Building	Outpatients please book through Box Hill Hospital			✓							

**ALL PATIENTS – WE CANNOT PROCESS ANY BOOKINGS WITHOUT A COPY OF THIS REQUEST. PHONE BOOKINGS ARE NO LONGER POSSIBLE. PLEASE FORWARD THIS REQUEST TO YOUR PREFERRED LOCATION ABOVE BY FAX, POST, OR EMAIL TO: [Cardiology\\_Secretary@easternhealth.org.au](mailto:Cardiology_Secretary@easternhealth.org.au)**

### BRIEF DESCRIPTION OF TESTS

**ECHOCARDIOGRAM (ECHO)** – Ultrasound test of the heart. No preparation required (approximately 45-60 minutes).

**EXERCISE STRESS ECG AND STRESS ECHO** – Comfortable clothing and sports/walking shoes should be worn. Do not eat or drink 2 hours prior to the test. Beta blockers need to be ceased 48 hours prior to the test unless otherwise directed by referring doctor (approximately 45 minutes).

**DOBUTAMINE STRESS ECHO** – Medications are given to speed up the heart rate. Do not eat or drink 2 hours prior to the test. Beta blockers need to be ceased 48 hours prior to the test unless otherwise directed by referring doctor (approximately 60 minutes).

**TRANSOESOPHAGEAL ECHO (TOE)** – Do not eat or drink for 6 hours prior to the test. Sedation will be given and a probe will be swallowed to allow ultrasound pictures of the heart to be taken (approximately 3-4 hours).

**ELECTROCARDIOGRAM (ECG)** – Brief recording of your heart rhythm. No preparation required (approximately 10 minutes).

**HOLTER MONITOR** – A monitor worn to record your heart rhythm for 24 hours. No preparation required (approximately 15 minutes each visit).

**TILT TABLE TEST** – Evaluates how blood pressure and heart rate respond to the simple stress of standing and mild degrees of tilting. Beta blockers need to be ceased 48 hours prior to the test unless otherwise directed by referring doctor (approximately 60 minutes).

**PACEMAKER OR ICD CHECK** – A check and review of the settings of the pacemaker. No preparation required (approximately 20 minutes).

### HOW TO FIND US

#### **BOX HILL HOSPITAL** – 8 Arnold Street, Box Hill

The Cardiology Department at Box Hill Hospital is located on level 2 West in Building B, the original hospital building. Enter the new hospital (named Building A) at 8 Arnold St on level 1 (street level). Once inside the foyer, turn right and walk past Zouki cafeteria into the adjoining Building B. Turn right at the Pharmacy, take lift B to the second floor, and when you exit turn right. Walk towards the orange wall and you will find yourself at Cardiology reception.

#### **MAROONDAH HOSPITAL** – Davey Drive, Ringwood East

The Allied Health Department at Maroondah Hospital is located on the ground level of the main building. Enter the hospital on ground level via the main entrance on Davey Drive. Once inside the foyer, walk down the corridor in front of you past the lifts, following the signs to Allied Health and present to reception.

#### **ANGLISS HOSPITAL** – Talaskia Road, Upper Ferntree Gully

The Community Rehabilitation Centre (CRC) is located in North block, on the corner of Talaskia Road and Edward Street. Enter the CRC Building on ground level via Talaskia Road. Once inside, present to the reception desk.