

PATIENT DETAILS

Patient Name: _____ Date of Birth: _____
 Address: _____
 Suburb: _____ Post Code: _____ Phone: _____
 Medicare No: _____ Pension/Health Care Card: Yes/NO
 Private Health Fund & No./Veterans Affairs No: _____

CLINICAL DETAILS

EXAMINATION REQUESTED

- | | | | |
|---|-----------------------------------|--|--|
| <input type="checkbox"/> Cardiology Consultation | <input type="checkbox"/> ECG | <input type="checkbox"/> Exercise Stress Test | <input type="checkbox"/> 24/48 hr Holter Monitor |
| <input type="checkbox"/> ABI Ankle-Brachial Index | <input type="checkbox"/> 24hr BPM | <input type="checkbox"/> AliveCor Monitor 14/28 days | |

- TRANSTHORACIC ECHOCARDIOGRAMS**
- Initial Comprehensive TTE 55126 *(restricted to once in a 2year period for screening. (See Quick Reference Guide for Echocardiograms for exceptions)*
- Pericardial effusion, pericarditis or cardiotoxic 55133
- Specialist Only - Valvular dysfunction 55127 Specialist Only - Heart failure, structural heart 55129

- STRESS (EXERCISE) ECHOCARDIOGRAMS** *(PTO and tick at least one clinical Indicator for Medicare Eligibility)*
- Stress Echocardiogram *(limited to 1 scan every 2 years)* -55141
- Specialist Only – Repeat Stress Echocardiogram-55143 *(See Quick Reference Guide for Stress Echocardiograms for Medicare eligibility)*

NUCLEAR MEDICINE *Please complete QNI referral. Medicare Eligible Referrals can be downloaded at www.qldni.com.au*

REFERRING DOCTORS DETAILS

Referring Clinician: _____ Provider No: _____ Date: _____
 Address: _____ Signature: _____

PLEASE FAX: 07 3547 3901 OR EMAIL: admin@northbrisbanecardiology.com.au
REFERRAL TO NORTH BRISBANE CARDIOLOGY FOR MEDICARE ELIGIBILITY ASSESSMENT PRIOR TO APPOINTMENT

CLINICAL INDICATIONS FOR MEDICARE ELIGIBLE STRESS (EXERCISE) ECHOCARDIOGRAMS

PLEASE TICK AT LEAST ONE OF THE FOLLOWING CLINICAL INDICATORS FOR MEDICARE ELIGIBILITY:

- (a) If the patient displays one or more of the following symptoms of typical or atypical angina:
 - (i) constricting discomfort in the:
 - a. front of the chest; or
 - b. neck; or
 - c. shoulders; or
 - d. jaw; or
 - e. arms; or
 - (ii) the patient's symptoms, as described in subparagraph (3)(a)(i), are precipitated by physical exertion; or
 - (iii) the patient's symptoms, as described in subparagraph (3)(a)(i), are relieved by rest or glyceryl trinitrate within 5 minutes or less; or
- (b) if the patient has known coronary artery disease and displays one or more symptoms that are suggestive of ischaemia:
 - (i) which are not adequately controlled with medical therapy; or
 - (ii) have evolved since the last functional study; or
- (c) if the patient qualifies for one or more of the following indications:
 - (i) assessment of myocardial ischaemia with exercise is required if a patient with congenital heart lesions has undergone surgery and reversal of ischemia is considered possible; or
 - (ii) assessment indicates that resting 12 lead electrocardiogram changes are consistent with coronary artery disease or ischaemia, in a patient that is without known coronary artery disease; or
 - (iii) coronary artery disease related lesions, of uncertain functional significance, which have previously been identified on computed tomography coronary angiography or invasive coronary angiography; or
 - (iv) assessment indicates that the patient has potential non-coronary artery disease, which includes undue exertional dyspnoea of uncertain aetiology; or
- (v) a pre-operative assessment of a patient with functional capacity of less than 4 metabolic equivalents confirming that surgery is intermediate to high risk, and the patient has at least one of following conditions:
 - a. ischaemic heart disease or previous myocardial infarction; or
 - b. heart failure; or
 - c. stroke or transient ischaemic attack; or
 - d. renal dysfunction (serum creatinine greater than 170umol/L or 2 mg/dL or a creatinine clearance of less than 60mL/min); or
 - e. diabetes mellitus requiring insulin therapy; or
- (vi) assessment before cardiac surgery or catheter-based interventions is required to:
 - a. increases the cardiac output to assess the severity of aortic stenosis; or
 - b. determines whether valve regurgitation worsens with exercise and/or correlates with functional capacity; or
 - c. correlate functional capacity with the ischaemic threshold; or
- (vii) for patients where silent myocardial ischaemia is suspected, or due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

PATIENT PREPARATION

- Stress Exercise Echocardiogram
Fast for 4 hours before the test
Wear loose fitting top and pants and comfortable non-slip shoes
- Transthoracic Echocardiogram
Nil preparation required
- Holter Monitor
Shower before you arrive
Wear a loose-fitting shirt
- Myocardial Perfusion Scan
Fast for 4 hours before your scan
No caffeine for 24 hours prior to your scan (including tea, coffee, coke, chocolate, milo).

CLINIC LOCATIONS

- North Brisbane Cardiology**
 Level 1 St Vincent's Northside Education Centre
 St Vincent's Private Hospital Northside
 627 Rode Road
 Chermside, QLD 4032
 Phone: 07 3547 3900 Fax: 07 3547 3901
 Email: admin@northbrisbanecardiology.com.au
- North West Cardiology**
 Suite 4, North West Specialist Centre
 137a Flockton Street,
 Everton Park QLD 4053
 Phone: 07 3160 4331 Fax: 07 3353 0077
 Email: admin@northwest-cardiology.com.au

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