Knox Heart Centre

Cardiology Diagnostic Services Request Form

Knox Private Hospital Level 1, North Tower 262 Mountain Highway Wantirna VIC 3152 P 03 9210 7060 F 03 9210 7064 E knoxheartcentre@healthscope.com.au

| Appointment Time: | Date: | | | | |
|--|---|--|--|--|--|
| Patient Name: | | | | | |
| Please tick: 🔲 Male / 🔲 Female | Date of Birth: | | | | |
| Address: | | | | | |
| | | | | | |
| Phone: Mobile: | | Medicare numb | oer: | | |
| Clinical Notes: (including cardiac history and medications) | hageal Echocardiogram | Holter Monitor | Ambulatory BP | | |
| Stress Echocardiogram (Treadmill) Stress The indications below MUST be completed for the Stress | Echocardiogram (dobutan | | | | |
| (A) Symptoms of typical or atypical angina (A1) Constricting discomfort in the front of the (A2) Symptoms are precipitated by physical ex (A3) Symptoms relieved by rest or GTN within | chest, neck, shoulders, jaw c ertion | | | | |
| (B) Known coronary artery disease with one or more s (B1) Not adequately controlled with medical t | | emia e evolved since last functior | nal study | | |
| (C) Other indications (C1) Assessment of myocardial ischaemia with undergone surgery and ischaemia is consider | | ent with congenital heart le | sions has | | |
| (C2) Resting 12 lead ECG changes consistent w (C3) Uncertain functional significance demonsions (C4) Potentially non CAD, which includes undu (C5) Pre-operative assessment where function the patient has at least one of the following of (C5a) IHD or previous MI (C5b) H (C5d) Renal dysfunction (C5e) I | trated on CTCA e exertional dyspnea of unce al capacity < 4 METS equivale onditions leart failure O (C5c) Stro M requiring insulin therapy | ertain aetiology ents indicates the surgery is ke or TIA | intermediate to high risk, and | | |
| (C6) Assessment before cardiac surgery or cat (C6a) Increase the cardiac output to (C6b) Determine whether valvular re (C6c) Correlate functional capacity w | assess the severity of aortic s gurgitation worsens with exer | stenosis | functional capacity | | |
| (C7) Silent myocardial ischaemia is suspected it is not possible to accurately assess syn | o , , , | | airment, | | |
| Referred by: Provider r | rred by: Provider number: A standard echocardiogr | | d echocardiogram and a | | |
| Address: | | stress ech | ocardiogram may be claimed in a 24 month period when | | |
| Surgery number: Fax: | umber: Fax: referred by a GP, except for limite | | | | |
| Signature: | | Medicare. | emptions documented by They cannot be performed | | |
| Copies to: | | | on the same day without limiting the Medicare rebate the patient can claim. | | |



Community of Care