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PATIENT DETAILS	Date of Birth:	
Name:	Telephone:	
Address:	Medicare Number:	
REQUEST FOR	CLINICAL INDICATION	(please tick at least one indication for each study requested to ensure Medicare rebate compliance for your patient)
[ ] Echocardiogram  GPs are only able to refer this test every 2 years for Medicare rebate. Please contact our office if you have had this, or a similar test previously.	<ul> <li>Suspected heart condition (GPs use this indication)</li> <li>Valvular dysfunction</li> <li>Known heart failure or structural heart disease</li> <li>Congenital heart disease</li> <li>Other~ (please note below - cardiologist input required prior)</li> </ul>	
GPs are only able to refer this test every 2 years and Specialists every 12 months for Medicare rebate. Please contact our office if you have had this, or a similar test previously.	<ul> <li>[ ] Chest/Neck/Arm/Jaw/Shoulder pain or discomfort (typical or atypical)</li> <li>[ ] Shortness of breath</li> <li>[ ] Silent ischaemia suspected (eg diabetic, elderly or at risk patient)</li> <li>[ ] Abnormal ECG consistent with coronary artery disease or ischaemia</li> <li>[ ] Known coronary artery disease with symptoms suggestive of ischaemia which are not controlled with medical therapy or new symptoms</li> <li>[ ] Pre-operative assessment</li> <li>[ ] Other~ (please note below - cardiologist input may be required)</li> </ul>	
[ ] ECG Stress Test	<ul><li>[ ] Assessment for cardiac ischaemia</li><li>[ ] Other~ (we recommend Stress Echo for other clinical indications)</li></ul>	
<ul> <li>[ ] 24 hour Holter Monitor</li> <li>[ ] 3 day Holter Monitor</li> <li>[ ] 5 day Holter Monitor</li> <li>[ ] 7 day Holter Monitor</li> <li>[ ] Holter @ Home*</li> </ul>	[ ] Syncope [ ] Pre-syncopal episodes [ ] Palpitations [ ] Possible asymptomatic arrhythmia (eg AF or stroke investigation) [ ] Other (please note below)	
[ ] 24 hour BP Monitor [ ] BP @ Home* Monitoring of known hypertension is not rebated by Medicare \$80 fee applies	[ ] Suspected hypertension [ ] Monitoring of pre-existing hypertension [ ] Other (please note below)	
[ ] Electrocardiogram	<ul><li>[ ] 12-lead ECG trace and report</li><li>[ ] Report only (please provide trace with your referral)</li></ul>	
[ ] CT Coronary Angiogram (includes calcium score)	[ ] Cardiologist consultation^ (con	mpulsory - please tick this box)
[ ] RAPID ASSESSMENT CHEST PAIN CLINIC^		<b>POINTMENT - PH. 9789 6011 OR OUR REFERRER HOTLINE</b> to book for this appointment or to speak with our on-call cardiologist.
[ ] Cardiologist Consultation^ Referral for 2nd opinions welcome	Clinical notes, indication, patie (for tests, ticking a box above will suf	ent history fice):
Referring Doctor Signature:		
Name: Provider Number:		
copies to:		

## **CLINIC LOCATIONS - ALL TESTS BULK BILLED AT ALL SITES FOR ELIGIBLE PATIENTS**

FRANKSTON Nepean Specialist Centre - Suite 7, 525 McClelland Dve CRANBOURNE Cranbourne Specialist Centre - Suite 2, 146 High St **MORNINGTON** Mornington Specialist Centre - 1050 Nepean Hwy **ROSEBUD** Rosebud Specialist Centre - 1385 Point Nepean Road **HASTINGS** Westernport Specialist Centre - Suite 5, 184 Salmon St WONTHAGGI White Road Suites - 231 White Road

BERWICK Berwick Specialist Centre - 32 Clyde Road (rear building) PATTERSON LAKES Bayside Specialist Centre - 29 / 21 Thompson Rd **BRIGHTON** Bay Street Specialist Centre - Suite 4, 214 Bay Street