

PATIENT DETAILS

Name:



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PLEASE BRING THIS REFERRAL TO YOUR APPOINTMEN

Address: Medicare Number: (please tick at least one indication for each study requested **REQUEST FOR** CLINICAL INDICATION to ensure Medicare rebate compliance for your patient) **Suspected heart condition** (GPs use this indication) [] Echocardiogram Valvular dysfunction 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 to ensure there's no out of Known heart failure or structural heart disease Congenital heart disease [] Other~ (please note below - cardiologist input required prior) Chest/Neck/Arm/Jaw/Shoulder pain or discomfort (typical or atypical) [] Stress Echocardiogram **Shortness of breath Silent ischaemia suspected** (eg diabetic, elderly or at risk patient) Abnormal ECG consistent with coronary artery disease or ischaemia [] Known coronary artery disease with symptoms suggestive of ischaemia which are not GPs are only able to refer this test every 2 years and Specialists every 12 months for Medicare rebate. Please contact our office if controlled with medical therapy or new symptoms [] Pre-operative assessment you have had this, or a similar test previously to ensure there is no out of pocket expense. [] Other~ (please note below - cardiologist input may be required) Assessment for cardiac ischaemia [] ECG Stress Test Other~ (we recommend Stress Echo for other clinical indications) 24 hour Holter Monitor [] Syncope **3 day Holter Monitor** Pre-syncopal episodes [] **5 day Holter Monitor** [] **Palpitations** Possible asymptomatic arrhythmia (eg AF or stroke investigation)] 7 day Holter Monitor [] Other (please note below) Holter @ Home Available* 1 24 hour BP Monitor **Suspected hypertension** BP Monitor @ Home Available* Monitoring of pre-existing hypertension [] Other (please note below) Monitoring of known hypertension is not rebated by Medicare \$100 fee applies 12-lead ECG trace and report Electrocardiogram **Report only** (please provide trace with your referral) **CT Coronary Angiogram** [] Cardiologist consultation^ (compulsory - please tick this box) RAPID ASSESSMENT URGENT SAME DAY CONSULT APPOINTMENT - PH. 9789 6011 OR OUR REFERRER HOTLINE CHEST PAIN CLINIC^ Doctor or clinic staff please call directly to book for this appointment or to speak with our on-call cardiologist. [] Cardiologist Consultation^ Clinical notes, indication, patient history (for tests, ticking a box above will suffice): Referral for 2nd opinions welcome

Date of Birth:

Telephone:

CLINIC LOCATIONS - ALL TESTS BULK BILLED AT ALL LOCATIONS

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

Name:

copies to:

Provider Number:

Referring Doctor Signature:

BERWICK Berwick Specialist Centre - 34 Paternoster Lane PATTERSON LAKES Bayside Specialist Centre - 29 / 21 Thompson Rd **BRIGHTON** Bay Street Specialist Centre - Suite 4, 214 Bay Street CAPE WOOLAMAI Suite 4, 13-18 Vista Place