

Patient Name: _____ DOB: _____

Address: _____

Contact Number: _____

Consultation	
HeartBug	
24 hour BP monitor	
Resting ECG	
24 hour holter monitor Once every 4 weeks	<input type="checkbox"/> Syncope <input type="checkbox"/> Presyncope <input type="checkbox"/> Palpitations >1/week <input type="checkbox"/> Asymptomatic arrhythmia suspected <1/week <input type="checkbox"/> Post cardiac surgery <input type="checkbox"/> Detection of AF after TIA or stroke
Echocardiogram (55126) Initial Study (Once every 24 months)	Can be requested by ANY medical practitioner including GP Investigation of: <input type="checkbox"/> Symptoms or signs of cardiac failure <input type="checkbox"/> Suspected or known LVH or LV dysfunction <input type="checkbox"/> Pulmonary HTN <input type="checkbox"/> Valvular, aortic, pericardial, thrombotic or embolic disease
Echocardiogram (55133) Repeat studies	Request by ANY medical practitioner including GP <input type="checkbox"/> Isolated pericardial effusion or pericarditis <input type="checkbox"/> Monitoring of patients on medication (must comply with PBS Guidelines)
Echocardiogram (55127) Valvular dysfunction study	Specialist ONLY
Echocardiogram (55129) Heart Failure or SHD Study	Specialist ONLY
Exercise Stress ECG (11729) Once per 2 years (including MIBI and Stress echo scans)	<input type="checkbox"/> Symptoms consistent with cardiac ischaemia <input type="checkbox"/> Other cardiac disease which may be exacerbated by exercise <input type="checkbox"/> 1° relative with suspected heritable arrhythmia
Stress Echocardiogram (55141) Initial Study Request by ANY medical practitioner including GP Once every 24 months (including 55143 and 55146)	Indications for stress echo For indications of suspected angina <input type="checkbox"/> Constricting discomfort <input type="checkbox"/> Symptoms precipitated by physical exertion <input type="checkbox"/> Symptoms are relieved by GTN with 5 minutes For indications of patients with CAD <input type="checkbox"/> Symptoms not adequately controlled by medical therapy <input type="checkbox"/> Symptoms have evolved since last functional study OR patient has on or more of the following <input type="checkbox"/> ECG c/w CAD or ischaemia in a patient without known CAD <input type="checkbox"/> CTCA shows CAD burden with unknown functional significance <input type="checkbox"/> Absence of CAD, exertional dyspnoea or uncertain aetiology <input type="checkbox"/> Pre-op assessment of a patient with exercise capacity <4METs and has at least one of the following: IHD, CCF, CVA or TIA, CRF (CR>170, CC<60) IDDM
Exercise Stress Echo (55143) Repeat Study SPECIALIST ONLY Once per 12 months (must have had 55141, 55145 or 55146)	

Referring Doctor's Details

Name:

Provider Number:

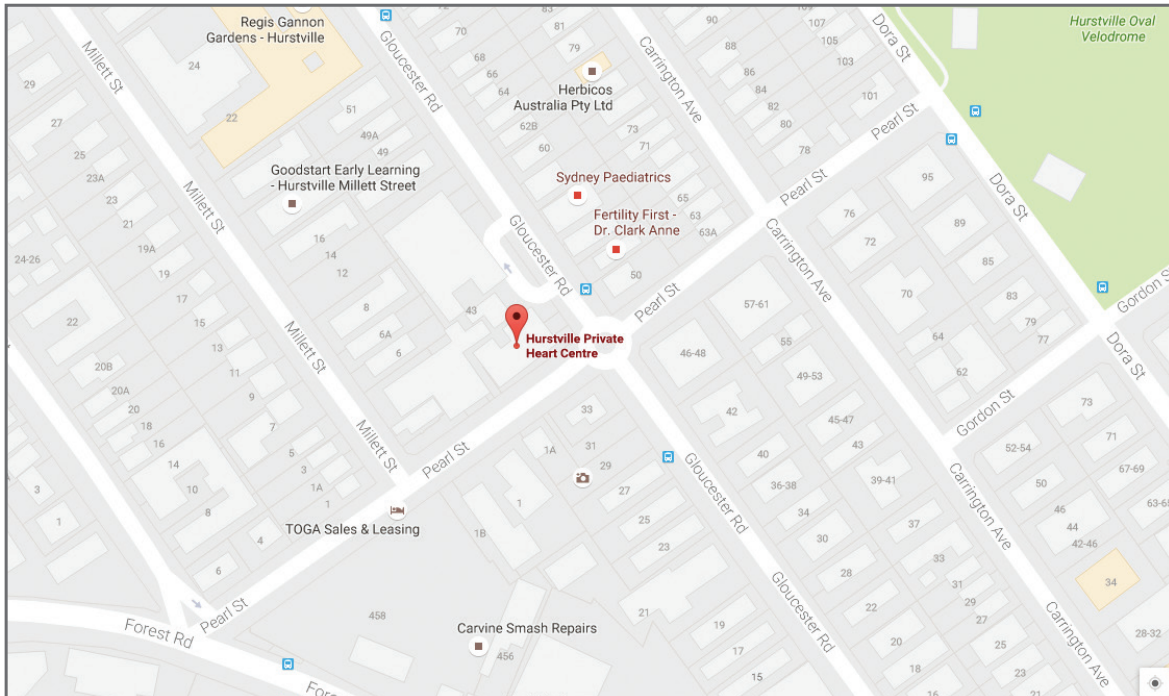
Address:

Phone or email:

Signature:

Date:

Visitor Parking is accessed via Millet Street, underneath Hurstville Private Hospital



Hurstville Bus Depot and Train Station are located on Forest Road, a 5 minute walk to the hospital.

