



**PATIENT INFORMATION:**

First Name: ..... Surname: ..... D.O.B: ...../...../.....

Address: ..... Ph: .....



**Heartlab**  
*'your heart's in good hands'*

**INVESTIGATIONS REQUIRED:** (please check ✓)

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Stress Echocardiogram<br>(complete check box below) | 4. <input type="checkbox"/> 24-hr Holter Monitor  |
| 2. <input type="checkbox"/> Exercise Stress Test                                | 5. <input type="checkbox"/> Event / Loop Recorder |
| 3. <input type="checkbox"/> Echocardiogram                                      | 6. <input type="checkbox"/> 12-lead ECG           |
|   | 7. <input type="checkbox"/> Pacemaker Check       |

**APPOINTMENT FOR CONSULTATION REQUIRED FROM CARDIOLOGIST:**

- |   |  |
|---|--|
| 8. <input type="checkbox"/> Dr Guy Wright-Smith (Interventional)    | 11. <input type="checkbox"/> Dr Ben Hunt (Electrophysiologist) |
| 9. <input type="checkbox"/> Dr Shailesh Khatri (Interventional)     | 12. <input type="checkbox"/> Dr Jodi Harker (Echocardiography) |
| 10. <input type="checkbox"/> Dr John Meulet (Electrophysiologist)   | 13. <input type="checkbox"/> Dr Will Peverill (Interventional) |
| 11. <input type="checkbox"/> Dr Stirling Carlsen (Echocardiography) |  |

**CLINICAL NOTES:** .....

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**MEDICARE REBATE CRITERIA FOR STRESS ECHO/DOBUTAMINE STRESS ECHO** (please check ✓)

- Chest / neck / shoulder / jaw / arm discomfort or
- Symptoms brought on by exertion OR relieved with GTN or
- Known coronary artery disease with evolving symptoms or
- Ischaemic ECG changes or
- CT evidence of coronary artery disease of uncertain functional significance or
- Suspected non-coronary artery disease e.g. shortness of breath on exertion or
- Suspected silent ischaemia in those unable to give reliable history or
- Pre-op assessment if poor functional capacity (<4 METS) and history of ischaemic heart disease or heart failure or stroke/TIA or insulin requiring diabetes or creatinine clearance <60mL/min.

Referring Doctor _____	Provider No _____
Address _____	Date _____
_____	Signature _____
CC to _____	

## TEST INFORMATION

<i>Test</i>	<i>Duration</i>	<i>Preparation</i>
Exercise Stress Test	1hr	Wear comfortable exercise clothing & footwear. Take all medications (unless advised otherwise)
Echocardiogram	30-45mins	No preparation necessary
Stress Echocardiogram	1hr	Wear comfortable exercise clothing & footwear. Take all medications (unless advised otherwise)
24hr Holter Monitor	15mins to fit 5mins to remove	Clean, dry skin is required. No powder or creams. If possible, please shower before coming to your appointment as you will be unable to shower when monitor is attached
Event Recorder	15mins to fit	Clean dry skin is required. No powder or creams.
ECG	5-10mins	Clean dry skin is required. No powder or creams.

**GC North Medical Hub**  
Suite 1.04, Level 1  
502 Hope Island Road  
HOPE ISLAND QLD 4212

**Pindara Private Hospital**  
Suites 507-510 Level 5  
Pindara Specialist Suites  
29 Cararra Street  
BENOWA QLD 4217

**John Flynn Medical Centre**  
Suites 301-303 Level 3  
42 Inland Drive  
TUGUN QLD 4224

**Ballina Day Surgery**  
Suite 3  
46 Tamar Street  
BALLINA NSW 2478

Your doctor has recommended that you use The Cardiac Centre but due to changes in Government Legislation for Echocardiography and Stress Echocardiography you may choose another provider, however please discuss this with your doctor first.

**ALL APPOINTMENTS 1300 980 322**

**Fax: (07) 5591 6775**