



## DIAGNOSTIC SERVICES

NAME	BHC ID
ADDRESS	
PHONE	APPT DATE
DATE OF BIRTH	

<p><input type="checkbox"/> <b>Echocardiography not performed within 2yrs</b> Item No. 55126</p> <ul style="list-style-type: none"> <li><input type="radio"/> Symptoms or signs of heart failure</li> <li><input type="radio"/> Ventricular hypertrophy or dysfunction</li> <li><input type="radio"/> Pulmonary hypertension</li> <li><input type="radio"/> Valvular disease</li> <li><input type="radio"/> Pericardial disease</li> <li><input type="radio"/> Aortic disease</li> <li><input type="radio"/> Congenital heart disease</li> <li><input type="radio"/> Cardiac tumour or thrombus</li> <li><input type="radio"/> Cardiac source of embolus</li> <li><input type="radio"/> Other -NO MBS Rebate</li> </ul> <p><input type="checkbox"/> <b>Repeat Echocardiography</b> <i>Only referred by Specialist or Consultant Physician</i></p> <ul style="list-style-type: none"> <li><input type="radio"/> Valvular dysfunction <b>55127</b></li> <li><input type="radio"/> Heart failure or Structural heart disease <b>55129</b></li> <li><input type="radio"/> Rare indication not listed above <b>55134</b></li> </ul> <p><input type="checkbox"/> Pericarditis/Effusion or cardiotoxic monitoring <b>55133</b></p> <p><input type="checkbox"/> <b>Exercise Stress test</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Symptoms of cardiac ischemia</li> <li><input type="radio"/> First degree relative with suspected heritable arrhythmia</li> <li><input type="radio"/> Other cardiac disease which may be exacerbated by exercise</li> </ul> <p><input type="checkbox"/> <b>Ambulatory Blood Pressure Monitor</b></p>	<p><input type="checkbox"/> <b>Exercise Stress Echocardiography not performed within 2 yrs</b> Item No. 55141</p> <ul style="list-style-type: none"> <li><input type="radio"/> New typical or atypical angina</li> <li><input type="radio"/> Known coronary disease with worsening symptoms</li> <li><input type="radio"/> ECG changes consistent with coronary disease</li> <li><input type="radio"/> Coronary CT or invasive angiogram lesions of uncertain significance</li> <li><input type="radio"/> Exertional dyspnoea of uncertain aetiology</li> <li><input type="radio"/> Silent ischemia- limited history of exercise tolerance</li> <li><input type="radio"/> Preoperative assessment before valve surgery <ul style="list-style-type: none"> <li><input type="checkbox"/> Severe valve stenosis</li> <li><input type="checkbox"/> Severe valvular regurgitation</li> </ul> </li> </ul> <p><input type="checkbox"/> <b>Repeat Exercise Stress Echocardiography</b> <input type="radio"/> Symptoms of ischaemia that have evolved <b>55143</b></p> <p><i>Note: The service is requested by a specialist or a consultant physician- no stress echo within the last year</i></p> <p><input type="checkbox"/> <b>Pre-operative assessment prior to MAJOR non cardiac surgery</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>AND low functional capacity &lt; 4 METS</b> <ul style="list-style-type: none"> <li><input type="radio"/> <b>AND presence of any 2 of:</b> <ul style="list-style-type: none"> <li><input type="radio"/> <b>Heart Failure</b></li> <li><input type="radio"/> <b>Ischaemic heart disease</b></li> <li><input type="radio"/> <b>Stroke/ TIA</b></li> <li><input type="radio"/> <b>Renal impairment eGFR&lt;60</b></li> <li><input type="radio"/> <b>Diabetes on insulin</b></li> </ul> </li> </ul> </li> </ul> <p><input type="checkbox"/> <b>24 Hr Holter Monitor</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Unexplained syncope or presyncope</li> <li><input type="radio"/> Palpitations &gt;1 episode per week</li> <li><input type="radio"/> Suspected arrhythmia &gt; 1 episode per week</li> <li><input type="radio"/> Surveillance post cardiac surgery known to cause arrhythmia.</li> <li><input type="radio"/> Other indication – no MBS rebate</li> </ul>
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**Clinical History:**

**Referred by:**

**Or Practitioner Stamp**

NAME		
PROVIDER NUMBER		
Signature		Date
Cc		