

### REQUEST FOR CARDIOLOGY CONSULT AND INVESTIGATIONS

Patient Name:	DOB:	<b>Attention Requesting Practitioners</b> Effective 1 August 2020, Medicare has made significant changes to Cardiac Services Item #s including specific indications, who can refer and how often. Please review the guidelines we've provided and request within them. Tests requested outside of these guidelines can be done, however, the patient <b>will not</b> be eligible for a rebate.
Referring Doctor:	Provider No:	
Referring Doctor Address:		
Signature:	Date:	

Request for:	Limitations	Indications (one indication per test requested MUST be selected)
<input type="checkbox"/> Cardiac Consult	NIL	
<input type="checkbox"/> Resting ECG	NIL	
<input type="checkbox"/> 24 Hour ECG (Holter)	<ul style="list-style-type: none"> <li>Once ever 4 weeks</li> </ul>	<input type="checkbox"/> Syncope <input type="checkbox"/> Presyncope <input type="checkbox"/> Palpitations >1/wk <input type="checkbox"/> Asymptomatic arrhythmia suspected >1/wk <input type="checkbox"/> Post Cardiac Surgery <input type="checkbox"/> Detection of AF after TIA or stroke <input type="checkbox"/> Baby, young child or other patient where HR needs to be documented but unable to obtain accurate history
<input type="checkbox"/> 24 Hour BP Monitor	NIL	
<input type="checkbox"/> Exercise Stress ECG (11729) <input type="checkbox"/> < 17 years of age (11730)	<ul style="list-style-type: none"> <li>Once per 2 years (including myocardial perfusion scan and Stress Echo)</li> </ul>	<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
<input type="checkbox"/> Resting Echo (55126) Initial Study	<ul style="list-style-type: none"> <li>Request by <b>ANY</b> Medical Practitioner (incl. GP)</li> <li>Once per 2 years (incl. all other ECHO Item #s)</li> </ul>	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"/> Heart Tumour <input type="checkbox"/> Valvular, aortic, pericardial, thrombotic or embolic disease <input type="checkbox"/> Symptoms or signs of congenital heart disease <input type="checkbox"/> Other rare indications
<input type="checkbox"/> Exercise Stress Echo (55141) Initial Study	<ul style="list-style-type: none"> <li>Request by <b>ANY</b> Medical Practitioner (incl. GP)</li> <li>Once per 2 years (incl. 55143 &amp; 55146)</li> </ul>	<b>Patient displays 1 or more of the following (typical or atypical angina):</b> <input type="checkbox"/> Constricting discomfort <input type="checkbox"/> Symptoms are precipitated by physical exertion <input type="checkbox"/> Symptoms are relieved by GTN within 5 minutes Patient has known CAD and displays one or more of the following: <input type="checkbox"/> Symptoms not adequately controlled by medical therapy <input type="checkbox"/> Symptoms have evolved since last functional study <b>Patient has one or more of the following:</b> <input type="checkbox"/> Congenital HD, has undergone Sx & has suspected ischaemia <input type="checkbox"/> ECG c/w CAD burden with unknown functional significance <input type="checkbox"/> CTCA shows CAD burden with unknown functional significance <input type="checkbox"/> Absence of CAD exertional dyspnoea of uncertainty aetiology <input type="checkbox"/> Pre-op assessment of a patient with exercise capacity <4 METs & has at least one of : IHD, CCF, CVA or TIA, CRF (CR>170, CC,60), IDDM <input type="checkbox"/> Pre Cardiac Sx or PCI to assess: severity of AS or valvular regurgitation & functional capacity, or ischaemic threshold <input type="checkbox"/> Patients with silent ischaemia (suspected or known), where communication issue prevents symptom assessment
<b>Please elaborate on signs/symptoms/indications:</b>		
<input type="checkbox"/> Resting Echo (55133) Frequent Repetition Study	<ul style="list-style-type: none"> <li>Request by <b>ANY</b> Medical Practitioner (incl. GP)</li> </ul>	<input type="checkbox"/> Isolated pericardial effusion or pericarditis <input type="checkbox"/> Monitoring of patients on medication (required to comply with PBS Guidelines)