

Patient Name:	
Date of Birth:	
Contact Number:	
Medicare Card No.	

**Note: all referrals MUST identify the clinical indications in order to qualify for Bulk Billing. If not, the service is not eligible for a Medicare rebate and a fee for service will be payable.**

Please tick appropriate indication below:

**EXERCISE STRESS ECG (limited to once in a 24 month period)**

- Symptoms of cardiac ischaemia
- Other cardiac disease exacerbated by exercise
- First degree relatives with suspected heritable arrhythmia

**STRESS ECHOCARDIOGRAM (limited to once in a 24 month period)**

**Symptoms of typical or atypical angina**

- Constricting discomfort in the chest, neck, shoulder, jaw or arms
- Exertional symptoms
- Symptoms are relieved by rest or GTN

**Known coronary artery disease with one or more symptoms suggestive of ischaemia**

- Not controlled with medical therapy
- Have evolved since the last functional study

**Other indications**

- PHx congenital heart surgery ? ischaemia
- Abnormal resting ECG ? ischaemia
- Indeterminate lesion on CTCA
- Undue shortness of breath on exertion (SOBOE) ? cause
- Pre-operative with poor exercise capacity and PHx of IHD, CVA, CCF, DM on insulin, or serum Cr > 170
- Assessment of valvular disease or ischaemic threshold during exercise prior to intervention
- ? Ischaemia in patient with impaired cognition or expressive language skills

**TRANSTHORACIC/RESTING ECHOCARDIOGRAM (limited to once in a 24 month period)**

**24 HOUR HOLTER MONITOR (limited to once in a 4 week period)**

**ECG**

Referring Doctor Name:	
Provider No.	
Address Phone/Fax	
Signature:	
Date:	