

Please bring your Referral form, Medicare card / DVA card / Concession card & Medications list



Time: Date: / / Location:

Please scan QR code to request an appointment & upload your referral. Our staff will contact you to make an appointment.

BULK BILLING AVAILABLE

Patient Details

Bookings Call: (03) 9560 7558 or 1800 202 111 Fax: (03) 8669 4575

Name: _____ Date of birth: _____ Height: _____
 Address: _____ Telephone (H): _____ Weight: _____
 Telephone (M): _____ BMI: _____
 Medicare No: _____

Services Requested

Tick Service Box In Bottom Section

Clinical Details

Referring Doctor Details

(Please Tick Appropriate Boxes Below)

- | | | | |
|---------------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Stroke / TIA | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic Dyspnea | <input type="checkbox"/> COPD | <input type="checkbox"/> CVD |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Pre-Op | <input type="checkbox"/> SOB |

Results

- Electronic Report Fax Report

Doctor Signature

Date
(Mandatory)

Copies to

Medical practitioners can request our services online via www.heartscope.com.au/referral

Cardiac Services

1. Cardiologist Consultation

- A** General **B** Interventional
 C Arrhythmia Clinic (EP)
 D CT Coronary Angiogram (CTCA)
 Calcium Score Test (Tick If Required)

2. Echocardiogram (TTE)

- Initial** - Suspected Heart Condition (55126)

For echocardiogram please select indications

- Symptoms or signs of heart failure
 Ventricular hypertrophy or dysfunction
 Pulmonary hypertension
 Valvular disease
 Pericardial disease
 Aortic disease
 Congenital heart disease
 Cardiac tumour or thrombus
 Cardiac source of embolus

- Repeat** - Rare Real Time Echocardiogram (55134)

- Frequent Repeat** - [Isolated pericardial effusion, pericarditis, commenced medication for non-cardiac purposes that have cardio toxic side effects] (55133)

- Serial Echo** - Suspected Valvular Dysfunction (55127)

- Serial Repeat** - Structural / Heart failure (55129)

- Serial Echo** - Congenital or Under 17 (55132)

3. Stress Echocardiogram

- Initial Assessment** (55141)
 Exercise Treadmill Stress Echo Study
(Subject to 2 year referral restriction, if the below service has been claimed)

- Serial Repeat** (55143)
 Repeat Exercise Treadmill Stress Echo
(Subject to 12 months referral restriction)

- Dobutamine Initial Assessment** (Privately Billed)
 Dobutamine Stress Echo (55145)
(Subject to a 2 year referral restriction, cannot be claimed if stress echo was claimed within 24 months)

- Follow up on failed Exercise Stress Echo**
 Dobutamine Stress Echo Following a Failed Exercise Stress Echo or Failed Treadmill (55146)
 (Privately Billed)

- Serial Repeat** (Privately Billed)
 Dobutamine (55143)

For stress echo please select indications below

- New typical or atypical angina
 Known coronary disease with symptoms suggestive of ischaemia
 Abnormal resting ECG ? ischaemia
 Shortness of breath on exertion (SOBOE)? Cause
 Indeterminate lesion on CTCA
 Pre-operative with poor exercise capacity & Phx of IHD, CVA, 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

- 4. 24 hour ECG Holter Monitor** (11716)

- 5. 24 hour BP Monitor** (Privately Billed)

- 6. ECG** (11704) (Tracing & Report)

Sleep & Respiratory Services

- 7. Lung Function Test** (15 years & older)
 (Combined Spirometry & Gas Transfer Factor)

- 8. Sleep & Respiratory Consultation**
 (Privately Billed)

- 9. Sleep Investigation** (18 years & older)
Home based sleep study (MBS 12250)
 For suspected sleep apnea. If deemed necessary, a Sleep Physician appointment may be arranged, who will arrange appropriate treatment if required.

PLEASE TURN PAGE OVER FOR QUALIFYING QUESTIONNAIRES & PLEASE SEND BOTH SIDES

Note: Questionnaires - Patient & doctor details must be completed on back of referral for **Medicare Bulk-Billing Rebate** which is claimable once per year.



Scan QR code for information on preparing for your medical procedure

www.heartscope.com.au/prep



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Cardiologist Consultation	CT Coronary Angiogram	Stress Echocardiogram	Dobutamine Stress Echo	Echocardiogram	24 hr ECG Holter Monitor	24 hour BP Monitor	EKG	Lung Function Test	Home Based Sleep Study	Sleep Apnea Treatment	Respiratory/Sleep Consult
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Suburb	Clinic Name	Address	Cardiologist Consultation	CT Coronary Angiogram	Stress Echocardiogram	Dobutamine Stress Echo	Echocardiogram	24 hr ECG Holter Monitor	24 hour BP Monitor	EKG	Lung Function Test	Home Based Sleep Study	Sleep Apnea Treatment	Respiratory/Sleep Consult
SOUTH EAST														
Wheelers Hill	Heartscope Wheelers Hill	G1, 202 Jells Rd, Wheelers Hill 3150	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Glen Waverley	Heartscope Glen Waverley	L1, Suite 11, 2 Brandon Park Dr, Glen Waverley					✓							
Dandenong	Heartscope Dandenong	40 Stud Rd, Dandenong 3175	✓		✓	✓	✓	✓	✓	✓		✓		✓
Pakenham	Heartscope Pakenham	2 McGregor Rd, Pakenham 3810	✓		✓	✓	✓	✓	✓	✓		✓		✓
Berwick	Heartscope / Marina Radiology	48 Kangan Dr, Berwick 3806		✓										
Cranbourne	Heartscope Cranbourne	24 Mundaring Dr, Cranbourne 3977	✓											
EAST														
Burwood	Burwood Specialist Centre	367 Warrigal Rd, Burwood 3125	✓		✓	✓	✓	✓						
Burwood East	Heartscope / Marina Radiology	1 Lakeside Dr, Burwood East 3151			✓	✓								
Wantirna	Heartscope / Marina Radiology	623 Boronia Rd, Wantirna, 3152				✓								
Mooroolbark	Heartscope Mooroolbark	Unit 1, 96 Manchester Rd, Mooroolbark 3138	✓		✓	✓	✓	✓	✓	✓				
WEST														
St Albans	Heartscope St. Albans	2 - 4 Collins St, St Albans 3021	✓		✓	✓	✓	✓	✓	✓	✓	✓		
Werribee	Heartscope Werribee	245 Heaths Rd, Werribee 3030	✓		✓	✓	✓	✓	✓	✓	✓	✓		
NORTH														
Thomastown	Heartscope Thomastown	113 High St, Thomastown 3074	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bundoora	La Trobe Private Hospital Suites	Cnr Plenty Rd & Kingsbury Dv, Bundoora	✓			✓								
INNER CITY														
Caulfield South	Heartscope Caulfield South	Level 1,700 Glenhuntly Rd, Caulfield South 3162	✓											
Balaclava	Heartscope Balaclava	336 Carlisle St, Balaclava 3183			✓	✓	✓	✓	✓	✓				
Moonee Ponds	Moonee Ponds Specialist Centre	827 Mt Alexander Rd, Moonee Ponds 3039			✓	✓	✓	✓	✓	✓				
REGIONAL VICTORIA														
Kilmore	Kilmore Hospital	Rutledge St, Kilmore 3764				✓								

PLEASE FAX BOTH SIDES OF THE REFERRAL FORM

Patient Name DOB For Sleep Studies please complete questionnaires below

1 The Epworth Sleepiness Scale Test (Medicare Pre-Qualification Test)

SITUATION

Sitting and reading 0 1 2 3

Watching TV 0 1 2 3

Sitting, inactive in a public place (e.g. theatre or a meeting) 0 1 2 3

As a passenger in a car for an hour without a break 0 1 2 3

Lying down to rest in the afternoon, when circumstances permit 0 1 2 3

Sitting and talking to someone 0 1 2 3

Sitting quietly after lunch without alcohol 0 1 2 3

In a car, while stopped for a few minutes in traffic 0 1 2 3

0 - Would never doze

1 - Slight chance of dozing

2 - Moderate chance of dozing

3 - High chance of dozing

Score Result:

0 - 7 = **Normal**
(Bulk billing not applicable)

8 - 24 = **Abnormal**

(Complete questionnaires below)

Total =

How likely are you to doze off or fall asleep in the situations described, in contrast to feeling just tired?

This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they have affected you. Use the scale test on the left to choose the most appropriate number for each situation.

If your patient qualifies on the Epworth Sleepiness Scale test, please complete the Stop-Bang or OSA 50 Screening questionnaire below

2 STOP - BANG Sleep Apnea Questionnaire for Patient

Do you **SNORE** loudly (loud enough to be heard through closed doors) ?

Do you often feel **TIRED**, fatigued or sleepy during daytime ?

Has anyone **OBSERVED** you stop breathing or choking during your sleep ?

Do you have or are you being treated for high blood **PRESSURE** ?

BMI more than 35kg / m2 ?

AGE older than 50 years ?

NECK size large (Males: 43cm+ & Females: 41cm+) ?

GENDER = male ?

Minimum 4 Ticks To Qualify

OSA 50 Screening Questionnaire

To Qualify for Bulk-Billing a patient must score 5 or more

Obesity Please Circle

Waist Circumference cm = 3
(Male > 102cm & Female > 88cm * Waist measurement at the umbilicus level)

Snoring

Has your snoring ever bothered other people = 3

Apneas

Has anyone noticed that you stop breathing during sleep = 2

Age 50+

Are you aged 50 years or over ? = 2

Total Score / 10

Doctor Signature Date