HEART of AUSTRALIA

Level 1
109 Honour Avenue
Chelmer QLD 4068

P. 07 3162 5310 F. 07 3077 7153
E. reception@heartofaustralia.com
W. www.heartofaustralia.com

REFERRAL

Patient Details

Title: Mr / Mrs / Miss / Mstr / Other _____ **Surname:** _____

Date of Birth: _____ / _____ / _____ **First Name:** _____

Contact Details

Home No: _____ **Mobile No:** _____

Email Address: _____

Residential Address: _____

State: _____ **Postcode:** _____

Referring Practitioner Details

Name: _____ **Phone:** _____

Provider No: _____ **Fax No:** _____

Address: _____ **Signature:** _____ **Date:** ___ / ___ / _____

Clinical Notes

_____

_____

Examination Required

Cardiology

☐ **Consultation**

☐ **ECG**

☐ **24 Hour Blood Pressure Monitor**
(applicable only once in any 12-month period)

☐ **Exercise Stress Test** - 11729 or 11730
(applicable once every 2 years)
+ / - cardiac consultation if required

☐ **Exercise Stress Echocardiogram**
☐ Initial – 55141 *(once every 2 years)*
☐ Repeat – 55143 *(once every 12 months)*
+ / - cardiac consultation if required

Holter Monitoring
(applicable once in any 4-week period)
☐ 24 hour
☐ 7 days

Respiratory
☐ Complex Respiratory Function Test

Sleep
☐ **Sleep Study** (in-home Sleep Apnoea)
(applicable once in any 12-month period)
+ / - sleep consultation if required

Other (please specify)
_____

Echocardiogram

INITIAL - 55126 *(applicable once every 2 years)*
Please select indications:
□ Symptoms or signs of cardiac failure
□ Ventricular hypertrophy or dysfunction
□ Valvular disease
□ Aortic disease
□ Pericardial disease
□ Thrombotic disease
□ Embolic disease
□ Heart tumour
□ Symptoms/signs congenital heart disease
□ Other (privately billed, no Medicare)
_____

REPEAT *(used if 55126 claimed within last 2 years)*
Please select indications:
□ Known Valvular disease.
(Specialist 55127 | GP MM3-7 55128)
□ Known heart failure or structural heart disease
(Specialist only 55129)
□ Isolated pericardial effusion (55133)
□ Pericarditis (55133)
□ Cardiotoxicity (55133)
□ 17 years & under complex congenital heart disease
(Specialist only 55132)
□ Other (privately billed, no Medicare)
_____