



MACARTHUR CARDIOLOGY

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Paediatric Cardiologist:

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Cardiothoracic Surgeon:

☐ Dr Mohammad Azari
MD, MS, FRACS

Cardiothoracic Surgeon:

☐ Dr Waleed Aty
MMBch, MS, MD-PHD, FRACS

☐ **URGENT**

☐ **FIRST AVAILABLE**

PATIENT DETAILS

Name: _____ D.O.B _____ / _____ / _____

Address: _____ Best contact: _____

SERVICE REQUESTED

PLEASE COMPLETE THE MEDICARE CRITERIA FOR CARDIAC IMAGING ON THE BACK OF THIS FORM

☐ Consultation

☐ Exercise Stress Test

☐ Holter Monitor (24 hours)

☐ Echocardiogram

☐ ECG

☐ 24 Hour Blood pressure Monitor

☐ Stress Echocardiogram

☐ Device Check

☐ Event Monitor (28 days)

Clinical Details:

REFERRING DOCTOR DETAILS

Name: _____

Provider No: _____

Address: _____

Telephone: _____

Fax: _____

Signature: _____

Date: _____ / _____ / _____

MEDICARE REBATE CRITERIA – PLEASE SELECT

Stress Echo Indications:

- Typical/Atypical Angina
 - ☐ Constricting discomfort front chest/neck/shoulders/jaw/arms
 - ☐ Exertional symptoms
 - ☐ Relieved by rest or GTN
- Known coronary disease with symptoms suggestive of ischaemia
 - ☐ Not adequately controlled with medical therapy
 - ☐ Evolved since last functional study
- Congenital heart lesions post-surgery with potential reversible ischaemia
Resting ECG consistent with coronary artery ischaemia
(without known CAD)
- Assessment of CAD of uncertain significance on CTCA/Angiogram
- Exertional dyspnoea of uncertain aetiology
- Pre-op assessment (Functional capacity <4METS (2 blocks, 1 flight of stairs))
 - ☐ IHD/MI
 - ☐ Heart failure
 - ☐ Stroke/TIA
 - ☐ Renal dysfunction (Cr>170umol/L or CrCl <60mL/Min)
 - ☐ Diabetes requiring insulin
- Prior to cardiothoracic surgery/Catheter-based interventions
 - ☐ Assess AS
 - ☐ Determine if valve regurgitation worsens with exercise/correlates
 - ☐ Correlate functional capacity with ischaemic threshold
- Silent ischaemia suspected
- Cognitive capacity/Language Impairment – not possible to assess symptom frequency

EST Indications:

- Symptoms consistent with cardiac ischaemia
- Other cardiac diseases which may be exacerbated with exercise
- First-degree relative with suspected heritable arrhythmia (Catecholaminergic polymorphic VT, Familial long QT, Young

Echo Indications:

- Cardiac failure
- LVH/LV dysfunction
- PHTN
- Valvular/aortic/pericardial/thrombotic/embolic
- Heart tumour
- Congenital heart disease

Holter Indications:

- Syncope/Pre-syncope
- Palpitations > once a week
- Asymptomatic arrhythmia > once a week
- Surveillance following cardiac surgical procedures with a risk of dysrhythmia
- Detection of AF following TIA/Stroke

☐ NON-MEDICARE REBATE

**PLEASE BRING ALL CURRENT MEDICATIONS, RECENT TESTS
AND BLOOD RESULTS YOU MAY HAVE**

HOW TO FIND US

