

Cardiology Referral

* For Sleep & Respiratory services, please use our separate referral form

PATIENT NAME		DATE OF BIRTH
ADDRESS		
GENDER M/F/NB	CONTACT NUMBER	MEDICARE NO
SERVICES REQUESTED		CLINICAL DETAILS
REFERRING DOCTOR DETAILS		
DOCTOR SIGNATURE	DATE (mandatory)	RESULTS <input type="checkbox"/> Fax Report <input type="checkbox"/> Health Link Electronic Report
		COPIES TO

You **MUST** tick the appropriate indications below for Echo & Stress Echo for your patient to be bulk billed. Medical practitioners can request our services online via www.heartscope.com.au/ref.

Consultations Specialty

- | | | |
|---|--|--|
| <input type="checkbox"/> A. General (Including resting ECG) | <input type="checkbox"/> B. Arrhythmia Clinic (AF) | <input type="checkbox"/> C. Pacemaker Clinic |
| <input type="checkbox"/> D. CTCA Evaluation Consult | <input type="checkbox"/> E. Lipid Disorder Clinic | |

Please provide full medical history including test results for the consultation.

Diagnostic Tests SELECT MBS CRITERIA OF REQUESTED TEST (REQUIRED FOR BULK BILLING)

<input type="checkbox"/> F. Echocardiogram (TTE) Initial suspected heart condition (55126)	Select one or more	<input type="checkbox"/> 1. Symptoms & signs of heart failure <input type="checkbox"/> 2. Ventricular hypertrophy or dysfunction <input type="checkbox"/> 3. Pulmonary hypertension <input type="checkbox"/> 4. Valvular, aortic or pericardial disease <input type="checkbox"/> 5. Cardiac source of embolus <input type="checkbox"/> 6. Other indications – congenital, cardiac tumour
<input type="checkbox"/> G. Echocardiogram (TTE) Repeat (55133)	Select one or more	<input type="checkbox"/> 7. Isolated pericardial effusion <input type="checkbox"/> 8. Pericarditis <input type="checkbox"/> 9. Cardiotoxic medication
<input type="checkbox"/> H. Treadmill Stress Echocardiogram (TSE) Focused study (55141) <small>Note: For Stress ECG, a prior echocardiogram may be required to determine suitability</small>	Select one or more	<input type="checkbox"/> 10. New typical or atypical angina <input type="checkbox"/> 11. Exertional symptoms e.g. shortness of breath, dizziness <input type="checkbox"/> 12. Ischaemic ECG changes <input type="checkbox"/> 13. Indeterminate lesion on CTCA
<input type="checkbox"/> I. Dobutamine Stress Echo (DSE) (55145) (privately billed)	Select one or more	<input type="checkbox"/> 14. Pre-op with poor exercise capacity & PHx of IHD, CVA, DM <input type="checkbox"/> 15. Assessment of valvular disease <input type="checkbox"/> 16. Suspected silent ischaemia
<input type="checkbox"/> J. 24 Hour ECG Holter Monitor (11716)	Select one or more	<input type="checkbox"/> 17. Syncope or pre-syncope episodes <input type="checkbox"/> 18. Palpitations or asymptomatic arrhythmia <input type="checkbox"/> 19. Surveillance of post cardiac procedures known to cause arrhythmia
<input type="checkbox"/> K. Event ECG Holter Monitor 7/14 Days		
<input type="checkbox"/> L. 24 Hour BP Monitor (privately billed)		
<input type="checkbox"/> M. ECG Tracing & Formal Report (11704) (privately billed)		

* For Sleep and Respiratory services, please use our online interactive referral form at www.sleepscope.com.au/ref or download, print or request a referral pad at www.sleepscope.com.au/referral-forms

Patient information

Bookings call: 1800 202 111

Fax: (03) 8669 4575 (or scan the QR code opposite)

Please bring your referral form, Medicare card / DVA card / Concession card and medications list with you.



Please scan the QR code to request an appointment & upload your referral. We will contact you to arrange a suitable date for your appointment.

www.heartscope.com.au/bookings

Dr Ali Al-Fiadh
MBChB, PhD (Uni.Melb),
FRACP, FESC, FCSANZ,

Dr Dimuth De Silva
MBBS, FRACP, FCSANZ

Dr Rafi Huq
MBBS (Monash),
FRACP, FCSANZ

Dr John Voukelatos
MBBS, FRACP

A/Prof Sandeep Prabhu
MBBS (Hons), LLB (Hons),
FRACP, PhD

Dr Ai Vee Ng
MBBS, FRACP

Dr Kon Profitis
MBBS, FRACP

Dr Arunavo Chatterji
MBBS, MD, DNB, FRCP,
FRACP

Dr Madhu Gopalakrishnan
MBBS, MD, DM, MBA,
FACP, FRACP

A/Prof Philip Hayward
BM BCh, MRCP, FRCS(CTh),
FRACS

Dr Ravi Iyer
MBBS, FRACP

Dr Shirin Sarejloo
MD, FRACP

Your doctor has recommended that you use Heartscope. You may choose another provider, but please discuss this with your doctor first.

	Cardiologist Consultation	Stress Echocardiogram	Dobutamine Stress Echo	Echocardiogram	24 hour ECG Holter Monitor	24 hour BP Monitor	ECG	ECG Event Monitor	Pacemaker Clinic
HEARTSCOPE CLINIC LOCATIONS									
SOUTH EAST									
Wheelers Hill	Heartscope Wheelers Hill	G1, 202 Jells Rd, Wheelers Hill 3150	●	●	●	●	●	●	●
Dandenong	Heartscope Dandenong	40 Stud Rd, Dandenong 3175	●	●	●	●	●	●	
Pakenham	Heartscope Pakenham	2 McGregor Rd, Pakenham 3810	●	●	●	●	●	●	
Frankston	Heartscope Frankston	194-196 Karingal Dr, Frankston VIC 3199			●	●	●	●	
EAST									
Burwood	Burwood Specialist Centre	367 Warrigal Rd, Burwood 3125	●	●	●				
Mooroolbark	Heartscope Mooroolbark	Unit 1, 96 Manchester Rd, Mooroolbark 3138	●	●	●	●	●	●	
NORTH EAST									
Bulleen	Heartscope Bulleen	Suite 4, 79 Manningham Road, Bulleen 3105	●						
NORTH									
Lalor	Heartscope Lalor	6 Messmate St, Lalor VIC 3075	●	●	●	●	●	●	
Coolaroo	Heartscope Coolaroo	L1, Unit 103, 1510 Pascoe Vale Rd, Coolaroo 3048	●	●	●	●	●		
WEST									
St Albans	Heartscope St Albans	192 Furlong Road, St Albans 3021	●	●	●	●	●	●	
Werribee	Heartscope Werribee	245 Heaths Rd, Werribee 3030	●	●	●	●	●	●	
INNER CITY									
Melbourne	Heartscope Melbourne	Suite 10, Level 2. 517 St Kilda Road	●	●	●	●	●	●	
Moonee Ponds	Moonee Ponds Specialist Centre	827 Mt Alexander Rd, Moonee Ponds 3039		●	●				



How to prepare

Scan the QR code for information on preparing for your medical procedure.

www.heartscope.com.au/prep