Cardiology
REQUEST FORM

Queensland
HEART SPECIALISTS
P 07 3007 9195 E admin@qheart.org
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PATIENT DETAILS

Adhere patient sticker here for inpatient referrals

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE _____ MEDICARE NUMBER _____

HEALTH FUND NAME _____ HEALTH FUND NUMBER _____

REFERRAL FOR CLINICAL CONSULTATION

- ◯ **Urgent/Next available Cardiologist**
- ◯ **Referral to named Cardiologist – Dr** _____ (see over page)

REFERRAL FOR CARDIAC INVESTIGATION

(see over page for indications and appropriateness criteria)

- ◯ **Electrocardiogram (ECG)**
- ◯ **Holter Monitor**
- ◯ **24-hour BP monitor**
- ◯ **Echocardiogram (Echo)**
- ◯ **Transoesophageal Echo (TOE)**
- ◯ **Cardioversion**
- ◯ **Exercise Stress Echocardiogram**
  - ◯ Comprehensive (includes resting echo)
  - ◯ Focused (LV function assessment only)
- ◯ **Dobutamine Stress Echo**
- ◯ **Exercise Stress Test**

CLINICAL DETAILS

REFERRING DOCTOR

Results sent via Medical Objects by default. If not possible, results sent by post/fax to the address below:

NAME _____ **PROVIDER NUMBER** _____

COPY TO _____ **ADDRESS** _____

SIGNATURE _____ **DATE** _____

CARDIOLOGISTS AFFILIATED WITH QUEENSLAND HEART SPECIALISTS

DR SIOBHAN BOYLE
Cardio-Obstetrics, Imaging, & General Cardiologist

DR MATTHEW BURRAGE
Heart Failure, Imaging, and General Cardiologist

A/PROF ANTHONY CAMUGLIA
Structural and Interventional Cardiologist

DR MATTHEW ROWE
Electrophysiology and General Cardiologist

DR PAUL WIEMERS
Imaging and General Cardiologist

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ECHOCARDIOGRAM REQUEST CRITERIA

Initial Transthoracic Echocardiogram (TTE) – all medical staff – 55126 – once every 2 years

Serial Echocardiogram (Specialist Only)

- Valvular Dysfunction (55127)
- Pericardial Effusion / Pericarditis / Cardiotoxicity (55133)
- Heart Failure / Pulmonary Hypertension / Aortic / Structural Heart Disease (55129)
- Other / Rare Conditions (55134)

Focused Stress Echocardiogram (55141, 55145) – once every 2 years
Comprehensive Stress Echocardiogram (as above plus includes bulk billed resting TTE; must meet MBS criteria for both tests)
Repeat Stress Echocardiogram (55143) – once every 12 months with clinical deterioration

INDICATIONS GUIDE FOR HOLTER MONITORING

A Holter monitor is indicated for the evaluation of any of the following and may be performed once every 4 weeks (11716):

i. Syncope or pre-syncopal episodes.
ii. Palpitations or suspicion of an asymptomatic arrhythmia occurring more than once per week.
iii. Surveillance following cardiac surgical procedures that have a risk of causing dysrhythmia.

STRESS ECHOCARDIOGRAM APPROPRIATENESS CRITERIA

For any patient, item 55141, 55143, 55145, or 55146 applies only if one or more of the following is applicable:

- **The patient displays one or more of the following symptoms of typical or atypical angina:**
  i. Constricting discomfort in the front of the chest, neck, shoulders, jaw, or arms
  ii. The patient's symptoms are precipitated by physical exertion or are relieved by rest or glyceryl trinitrate within 5 minutes or less; or
- **The patient has known coronary artery disease and displays one or more symptoms that are suggestive of ischaemia which are not adequately controlled with medical therapy or have evolved since the last functional study; or**
- **Assessment of myocardial ischaemia with exercise is required if a patient with congenital heart lesions has undergone surgery and reversal of ischaemia is considered possible; or**
- **Assessment indicated that resting 12 lead ECG changes are consistent with coronary artery disease or ischaemia, in a patient that is without known coronary artery disease; or**
- **Coronary artery disease related lesions, of uncertain functional significance, have previously been identified on computed tomography coronary angiography (CTCA) or invasive coronary angiography; or**
- **Assessment indicates that the patient has potential non-coronary artery disease, which includes undue exertional dyspnoea of uncertain aetiology, and a stress echocardiography study is likely to assist the diagnosis; or**
- **A pre-operative assessment of a patient with functional capacity of less than 4 metabolic equivalents confirms that surgery is intermediate to high risk, and that patient has at least one of:**
  i. Ischaemic heart disease; previous myocardial infarction; heart failure; stroke; transient ischaemic attack; renal dysfunction (serum creatinine >170mol/L or 2mg/dL or a creatinine clearance <60 ml/min); diabetes mellitus requiring insulin therapy; or
- **Assessment before cardiac surgery or catheter-based interventions is required to:**
  i. Increase the cardiac output to determine the severity of aortic stenosis; or
  ii. Determine whether valve regurgitation worsens with exercise and/or correlates with functional capacity; or
  iii. Correlate functional capacity with the ischaemic threshold; or
- **Patients where silent myocardial ischaemia is suspected, or due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.**