BHNB00006

EXTREF STRESS ECHOCARDIOGRAM REFERRAL FORM

Bendigo Health Cardiology-Specialist Clinics
Level 1, The Bendigo Hospital
100 Barnard Street, Bendigo 3550
PH: (03) 5454 8017
FAX: (03) 5454 8020

Please ensure ALL parts of this form are completed prior to submitting. Referral forms missing data will be rejected. Fax completed form to (03) 5454 8020.

Patient Details

Name:		DOB:	
Address:			
Medicare Number:		Phone:	

Medicare Criteria – Please tick all criteria that apply

Symptoms of typical or atypical angina

☐ Constricting discomfort in the chest, neck, shoulder, jaw or arms that is:

☐ precipitated by physical exertion, OR

☐ symptoms are relieved by rest or GTN

Known coronary artery disease with one or more symptoms suggestive of ischaemia

☐ Not controlled with medical therapy

☐ Have evolved since the last functional study

Other Indications

☐ Past hx of congenital heart surgery (please provide further details)

☐ Abnormal resting ECG indicating coronary artery disease or ischaemia in a patient without known coronary artery disease (please provide copy of ECG or report)

☐ Intermediate lesion on CTCA or invasive Coronary Angiography, includes high coronary calcium score

☐ Undue SOBOE with uncertain cause

☐ Pre-operative with poor exercise capacity (<4 METS) and PHx of IHD, CVA, DM on insulin or serum Cr >170

☐ Assessment of valvular disease or ischaemic threshold during exercise prior to intervention

☐ Suspected silent ischaemia or patients with impaired cognition or expressive language skills

☐ Assessment by a specialist or consultant physician indicates that the patient has potential non-coronary artery disease, where Stress Echocardiography is likely to assist the diagnosis

Please review Contraindications and Patient Suitability (tick all that apply)

Contraindications to Stress Testing (test will be rejected)

☐ Severe Aortic Stenosis

☐ Systolic BP >200 or diastolic >110

☐ Known left main CAD, or ongoing unstable angina

☐ Poorly controlled CHF or arrythmia

☐ HOCM

☐ Major electrolyte imbalance

☐ Major associated conditions ie; pneumonia, severe anaemia, acute renal failure, myopericarditis

Suitability (Do any of these apply to the patient? If yes, an alternative test may be required)

☐ Unable to walk unassisted on a treadmill

☐ Severe osteoarthritis requiring walking aid

☐ Morbid obesity (BMI more than 40 kg/m2)

☐ Uncontrolled asthma/COPD/lung disease

☐ Severe mental health issues

☐ Left bundle branch block

☐ Atypical symptoms without cardiac risk factors

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Please provide detailed description of current signs and symptoms

Please detail relevant past history, including current exercise ability

Please list all medications your patient is currently taking

If your patient takes any of the following medication, please state whether they should continue or stop these prior to the test: **GTN, Digoxin, Beta Blockers or Calcium Channel Blockers**

Referring Doctor Details

Name:	**Signature:**	**Date:**
Provider No:	**Phone:**	**Fax:**

Copies to:

- Please fax referral to (03) 5454 8017 immediately to enable prompt triage and Medicare Eligibility verification
- You will be informed if your referral has been rejected and why via mail
- Stress echocardiogram can only be claimed under Medicare once in a 2-year period unless referred by a specialist
- Bendigo Health is unable to provide stress echocardiogram for VicRoads and/or CASA licencing purposes
- Please call the Bendigo Health switchboard on (03) 5454 6000 and ask to be put through to the Cardiology Registrar if you have any specific concerns about a patient.