

Appointment Date & Time:

Location:

Referral



### Patient Details

Name:

Date of Birth:

Address:

Telephone:

Med No:

### Referral/Request(s) for:

### Clinical Notes

Referring Doctor Details:

#### Specialty Clinics (Tick if applicable)

- |   |   |
|---|---|
| <input type="checkbox"/> General Cardiology Clinic            | <input type="checkbox"/> AF & Arrhythmia Clinic |
| <input type="checkbox"/> Rapid Access Chest Pain Clinic       | <input type="checkbox"/> Pacemaker Clinic       |
| <input type="checkbox"/> Hypertension Clinic                  | <input type="checkbox"/> Heart Failure Clinic   |
| <input type="checkbox"/> CV Risk Assessment Clinic (+/- CTCA) | <input type="checkbox"/> Advanced Lipid Clinic  |

Copies to:

Signature:

Date:

### Cardiology Referral & Diagnostics (\*Please ensure MBS criteria is met for Medicare rebate)

- Consultation & ECG
- Echocardiogram
- Exercise Stress Echocardiogram with Baseline Echo\*
  - With consultation
  - Angina: Constricting discomfort OR exertional symptoms OR relieved by rest/GTN
  - SOBOE: Undue exertional dyspnoea
  - ECG changes: Consistent with ischaemia, in a patient without known CAD
  - Known CAD: New or worsening symptoms
  - Moderate disease: Indeterminate lesion on CTCA/angiogram
  - Pre-op assessment with history of IHD/CVA/CCF/DM on insulin/serum Cr >170
- Holter Monitoring (24 Hour)\*
  - Palpitations (more than once a week), dizziness, pre-syncope or syncope
  - Asymptomatic arrhythmia suspected (more than once a week)
  - Surveillance following cardiac surgical procedures with risk of causing dysrhythmia
- 24 Hour Blood Pressure Monitoring

### Cardiac CT (\*Please ensure MBS criteria is met for Medicare rebate)

- Calcium Score
- CTCA - with bulk billed consultation
- CTCA - specialist referral\*
  - Stable or acute symptoms consistent with ischaemia, low to intermediate risk
  - Exclusion of coronary artery anomaly
  - Pre non-coronary cardiac surgery to exclude CAD)

### CT Scan (General)

- Examination Required:

Phone: 1300 122 888  
 Fax: 03 8080 0766  
 Email: [contact@hom.com.au](mailto:contact@hom.com.au)  
 Website: [hom.com.au](http://hom.com.au)



**Patient Instructions:**

Please notify us if you are unable to attend.

Please wear a comfortable two piece attire and walking shoes for stress test.

Please bring your Medicare Card and referral/doctor's letter to the appointment.

Please stop these medicines 48 hours before the stress test, after consulting with your doctor:  
**Atenolol, Sotalol, Metoprolol, Nebivolol, Bisoprolol, Carvedilol, Cardizem, Verapamil, Digoxin.**

For **CTCA** scan with us, please take Metoprolol 50 mg, 1 tablet the evening before your scan (around bedtime), and 1 tablet the morning of your scan (at least 2 hours before your arrival time), or as directed by your doctor.

For more information please visit the website: [hom.com.au](http://hom.com.au)

LOCATIONS	Consultation	HF Clinic	PPM Clinic	Chest Pain Clinic	Urgent Cons.	Echo	Stress Echo	ECG	ABPM	Holter	CTCA
<b>WANTIRNA SOUTH</b> 149 Stud Road Wantirna South 3152	•	•	•	•	•	•	•	•	•	•	•
<b>KNOX PRIVATE HOSPITAL</b> Consulting Suite 5a, 262 Mountain Highway, Wantirna 3152	•	•	•	•	•	•	•	•	•	•	•
<b>SURREY HILLS</b> 203 Union Road, Surrey Hills 3127	•	•	•	•	•	•	•	•	•	•	
<b>GLEN WAVERLEY</b> Victorian Rehab Centre, 499 Springvale Road, Glen Waverley 3150	•	•	•	•	•	•	•	•	•	•	
<b>BORONIA</b> 157 Scoresby Road, Boronia 3155	•	•	•	•	•	•		•	•	•	
<b>BERWICK</b> 32A Clyde Road, Berwick 3086	•	•	•	•	•	•	•	•	•	•	
<b>FAWKNER</b> 1348 Sydney Road, Fawkner 3060	•	•	•	•	•	•	•	•	•	•	
<b>BACCHUS MARSH</b> 91 Gisborne Road, Bacchus Marsh 3340	•	•	•	•	•	•	•	•	•	•	
<b>LILYDALE</b> 108 Main Street, Lilydale 3140	•	•				•			•	•	