

Patient details

Name: _____ Date of birth: _____
 Telephone (H): _____
 Address: _____ Telephone (B): _____
 Med. No.: _____

CLINICAL DETAILS:

Tick which of the following apply.

- Chest pain: Typical or atypical angina (exertional and/or GTN relieved)
- ECG changes consistent with CAD
- Known CAD with symptoms not controlled or evolving
- ? Viable myocardium
- Post congenital heart disease surgery
- Quantification of ischaemia pre-intervention
- Indeterminate lesion on CTCA or angiography
- Unexplained dyspnoea (*For specialist only*)
- Pre-op cardiac risk assessment (one of CAD, heart failure, CVA, TIA, renal impairment, IDDM)

ADDITIONAL CLINICAL DETAILS:

- Date of last myocardial perfusion study _____

REFERRAL/REQUEST(S) FOR:

For Medicare rebate, patients must meet one of the following criteria:
 Tick which of the following apply.

- Stress echo unlikely to be adequate due to a) body habitus, including obesity, b) arrhythmia, including atrial fibrillation
- Unable to exercise adequately for maximal exercise test
- Failed previous stress echo (in last 24 months)

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PATIENT CATEGORY:

- PTE
- W/C
- Pension
- Vet/Aff
- TAC

RESULTS:

- Telephone report (No. _____)
- Films & report return with patient
- Facsimile report (No. _____)

Sex: Male Female Is the patient pregnant? Yes No

REFERRING DOCTOR DETAILS:

COPIES TO:

DOCTOR'S SIGNATURE:

DATE:



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