



Call for an appointment: 03 9374 4884

Fax: 03 9374 4885 | Email: reception@ohcardiology.com.au

PATIENT DETAILS	
Name:	Phone/Mobile:
D.O.B.:	Medicare Number:
Address:	

CONSULTATION REFERRAL				
Consultant Cardiologists <input type="checkbox"/> Consultation	<input type="checkbox"/> Dr Adam Gay	<input type="checkbox"/> Dr William Wilson	<input type="checkbox"/> Dr David Tsang	<input type="checkbox"/> Dr Stacey Peters
	<input type="checkbox"/> A/Prof Geoff Lee	<input type="checkbox"/> Dr Brendan Flaim	<input type="checkbox"/> Dr Manuja Premaratne	<input type="checkbox"/> Next available
	<input type="checkbox"/> Dr Ronen Gurvitch	<input type="checkbox"/> Dr Candice Shields	<input type="checkbox"/> Dr Samer Noaman	

DIAGNOSTIC REQUEST FORM	
STUDY REQUESTED	INDICATIONS
<input type="checkbox"/> Exercise Stress Echocardiogram	<input type="checkbox"/> Typical angina (chest discomfort) <input type="checkbox"/> Atypical angina (chest discomfort) <input type="checkbox"/> Exertional dyspnoea unknown ethology <input type="checkbox"/> Known coronary artery disease with evolved symptoms <input type="checkbox"/> Abnormal ECG without known history <input type="checkbox"/> Abnormal cardiac CT <input type="checkbox"/> Silent ischemia is suspected <input type="checkbox"/> Pre-op assessment with reduced exercise capacity (<4METS) <input type="checkbox"/> Pre-op assessment with at least one of: heart failure, ischaemic heart disease, stroke/TIA, CrCl<60, or diabetes on insulin <input type="checkbox"/> Prior to valvular intervention <input type="checkbox"/> Other indication (no Medicare rebate): _____
<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Baseline <input type="checkbox"/> Bubble Study	<input type="checkbox"/> Symptoms or signs of heart failure (e.g. shortness of breath, ankle swelling, etc) <input type="checkbox"/> Ventricular dysfunction (suspected or known) <input type="checkbox"/> Ventricular hypertrophy (suspected or known) <input type="checkbox"/> Congenital heart disease/heart tumour <input type="checkbox"/> Cardiotoxic medication <input type="checkbox"/> Stroke or thromboembolism <input type="checkbox"/> Valvular heart disease <input type="checkbox"/> Murmur for investigation <input type="checkbox"/> Aortic or pericardial disease <input type="checkbox"/> Pulmonary Hypertension <input type="checkbox"/> Other indication (no Medicare rebate): _____
<input type="checkbox"/> ECG <input type="checkbox"/> Trace and Report	<input type="checkbox"/> _____
<input type="checkbox"/> Ambulatory Monitoring <input type="checkbox"/> 24 Hour Holter Monitoring <input type="checkbox"/> 7 Day Event Monitoring (private fee) <input type="checkbox"/> 30 Day Heart Bug Monitoring (private fee)	<input type="checkbox"/> Syncope <input type="checkbox"/> Pre-syncope episodes <input type="checkbox"/> Unexplained syncope <input type="checkbox"/> Palpitations <input type="checkbox"/> Another suspected asymptomatic arrhythmia <input type="checkbox"/> Surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia <input type="checkbox"/> For detection of asymptomatic atrial fibrillation (AF) following a transient ischaemic attack (TIA) or cryptogenic stroke
<input type="checkbox"/> 24 Hour Blood Pressure Monitoring (private fee)	<input type="checkbox"/> _____
<input type="checkbox"/> Exercise Stress ECG	<input type="checkbox"/> Symptoms consistent with cardiac ischaemia <input type="checkbox"/> Other cardiac disease which may be exacerbated by exercise <input type="checkbox"/> First degree relatives with suspected heritable arrhythmia <input type="checkbox"/> Other indication (no Medicare rebate): _____
<input type="checkbox"/> Implantable Device Interrogation	<input type="checkbox"/> Pacemaker Check : Make/Model _____ Date of last check : _____ <input type="checkbox"/> ICD Check : Make/Model _____ Date of last check : _____

CLINICAL HISTORY Include previous cardiac diagnostic test results (if known)	
<input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Dyslipidaemia <input type="checkbox"/> Smoker <input type="checkbox"/> Family History	

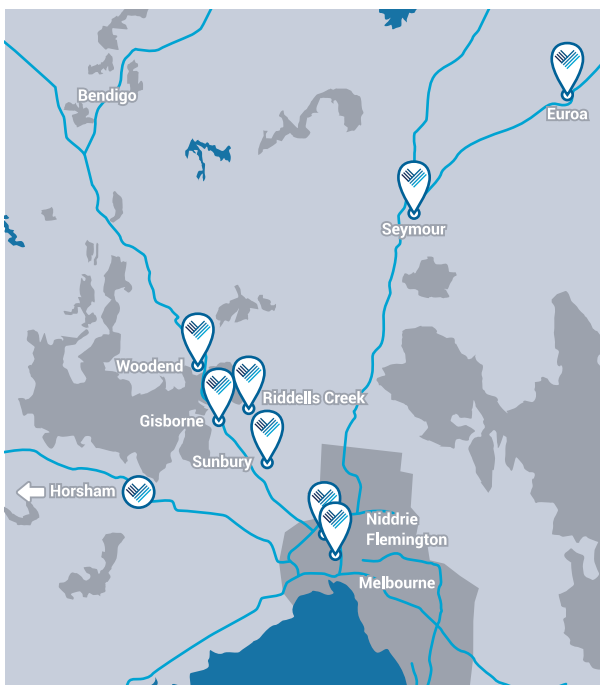
REFERRING DOCTOR'S DETAILS		GENERAL PRACTITIONER ■		SPECIALIST ■		CONSULTANT PHYSICIAN ■	
Name:				Provider Number:			
Address:							
Phone:		Fax:		Email:			
Healthlink/Argus:			Signature:			Date:	
Copies to:							

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OUR SPECIALISTS	EUROA	FLEMINGTON	GISBORNE	HORSHAM	NIDDRIE	RIDDELLS CREEK	SEYMOUR	SUNBURY	WOODEND
Dr Adam Gay Consultant Cardiologist		■			■				
Dr Ronen Gurvitch Consultant & Interventional Cardiologist	■	■	■		■		■	■	■
Dr William Wilson Interventional Cardiologist and Adult Congenital Heart Disease Specialist		■		■	■	■			
A/Prof Geoff Lee Cardiologist & Electrophysiologist		■							
Dr Candice Shields Consultant Cardiologist		■			■				
Dr Brendan Flaim Consultant Cardiologist		■			■			■	
Dr David Tsang Consultant Cardiologist		■			■			■	
Dr Samer Noaman Consultant Cardiologist					■			■	
Dr Manuja Premaratne Consultant Cardiologist		■							
Dr Stacey Peters Consultant Cardiologist		■							
Mr Marco Larobina Cardiothoracic Surgeon		■							

OUR LOCATIONS	CONSULTATION	EXERCISE STRESS ECHOCARDIOGRAPHY	ECHOCARDIOGRAPHY	24 HOUR HOLTER MONITOR	24 HOUR BLOOD PRESSURE	PACEMAKER CHECKS	ECG
EUROA – Euroa Medical Centre, 90 Binney St	■						■
FLEMINGTON – One Heart Cardiology, Suite 31, 320-380 Epsom Rd	■	■	■	■	■	■	■
GISBORNE – Gisborne Medical Centre, 16 Brantome St	■		■				■
HORSHAM – Lister House Medical Clinic, 146 Baillie St	■	■	■	■	■		■
HORSHAM – Wimmera Medical Centre, 6-12 Read St	■			■	■		■
NIDDRIE – One Heart Cardiology, Suite 5, 493-495 Keilor Rd	■	■	■	■	■	■	■
RIDDELLS CREEK – Riddell's Country Practice, 9 Station St	■						
SEYMOUR – Seymour Ambulatory Care Centre, Bretonneux St	■						■
SUNBURY – Vineyard Medical Centre, Cnr Vineyard Rd & Sussex Crt	■		■				■
SUNBURY – Evans Street Medical Centre, 81 Evans St	■		■				■
WOODEND – Brooke Street Medical Centre, 14 Brooke St	■		■				■



Instructions for Diagnostic Tests

All Diagnostic Tests are BULK-BILLED

Exercise Stress Echocardiography

This test involves exercising on a treadmill for a short period of time while we monitor your rhythm and blood pressure. Ultrasound images of the heart will be taken before and after exercise. Please wear comfortable 2 piece attire and walking shoes.

Duration: 20-30 minutes

Echocardiography

This test uses sound waves to take pictures of your heart to assess function and structure.

Duration: 30 minutes

24 Hour Holter Monitoring

Holter monitoring lasts for 24 hours and records your heart rate and rhythm. You wear a small recorder and wires run from the recorder to electrodes attached to your chest. You can go about your normal activities. Loose fitting clothes need to be worn while wearing the monitor. The only restriction while wearing the monitor is no showering.

Duration: 10 minutes to fit.

24 Hour Blood Pressure Monitoring (Privately Charged)

Blood pressure readings are recorded over 24 hours. You wear a small recorder and a blood pressure cuff. You can go about your normal activities. Loose fitting clothes need to be worn while wearing the monitor. The only restriction while wearing the monitor is no showering.

Duration: 10 minutes to fit.

ECG

A simple recording of the electrical activity of the heart. The skin is prepared by rubbing or shaving so that recording dots can stick to the skin.

Duration: 5 minutes