Peninsula Cardiology

www.cardiologycentre.com.au

REFERRAL / REQUEST

☐ Consultation only ☐ Consultation with ECG/Imaging

☐ ECG/Imaging request only

CONSULTATION

☐ DR SUSAN WRIGHT ☐ DR HARRY KLIMIS ☐ DR CATHIE FORSTER ☐ DR MASAMI MIYASHITA ☐ DR AJITA KANTHAN

☐ DR DYLAN WYNNE ☐ DR ARVIND IYER ☐ DR CLAIRE IRVING ☐ DR DOMINIC VICKERS ☐ FIRST AVAILABLE

CARDIAC IMAGING REQUEST FORM

ECHOCARDIOGRAM

☐ **Echocardiogram** *(Once in 24 months)*
Suspected or known:

☐ LV / RV DYSFUNCTION, LVH OR CCF
☐ VALVULAR DYSFUNCTION
☐ PULMONARY HYPERTENSION
☐ AORTIC, PERICARDIAL OR THROMBOEMBOLIC DISEASE

☐ **Serial Echo - Pericardial or Cardiotoxic Medications**
(Nil time restriction)

☐ **Serial Echo - Valvular *Specialist Only**
(Nil time restriction)

☐ **Serial Echo - CCF/Structural *Specialist Only**
(Nil time restriction)

☐ **Serial Echo - Other Rare *Specialist Only**
(Nil time restriction)

STRESS ECHOCARDIOGRAM

☐ **Exercise Stress Echo** *(Once in 24 months)*

☐ CHEST PAIN / DISCOMFORT
☐ SUSPECTED SILENT ISCHAEMIA
☐ ATYPICAL & TYPICAL ANGINA
☐ KNOWN CAD + SYMPTOM OF IHD
☐ SYMPTOMS PRECIPITATED WITH EXERTION
☐ ECG CHANGES CONSISTENT WITH CAD / ISCHAEMIA
☐ PREOPERATIVE ASSESSMENT REQUIRES PATIENT TO HAVE ONE OF IHD, HEART FAILURE, STROKE/TIA, RENAL DYSFUNCTION OR IDDM
☐ CT FINDINGS OF UNCERTAIN FUNCTIONAL SIGNIFICANCE

☐ **Dobutamine Stress Echocardiogram** *(once in 24 months)*

☐ **Repeat Exercise Stress Echo *Specialist Only**
(once in 12 months)

☐ EVOLVING SYMPTOMS OF SUSPECTED IHD

MONITORS

☐ **Holter Monitor** *(once in 4 weeks)*

☐ PALPITATIONS OCCURRING > 1/WEEK
☐ PRESYNCOPE OR SYNCOPE
☐ SUSPECTED OR KNOWN TIA/STROKE
☐ SUSPECTED ASYMPTOMATIC ARRHYTHMIA OCCURRING > 1/WEEK
☐ SURVEILLANCE FOLLOWING CARDIAC SURGICAL PROCEDURE

☐ **24hr Blood Pressure Monitor** *(Non-MBS item, nil restrictions)*

☐ **Heart Bug** *(once in any 3 month period)*

☐ **7 day Event Recorder** *(once in any 3 month period)*

RESTING ECG / EXERCISE STRESS ECG

☐ **Resting ECG and Report**

☐ **Exercise Stress ECG**
(once in 24 months incl. Stress Echo and MPS)

☐ SYMPTOMS CONSISTENT WITH IHD
☐ OTHER CARDIAC DISEASE EXACERBATED WITH EXERTION (INCL. ARRHYTHMIA)
☐ SUSPECTED HERITABLE ARRHYTHMIA

OTHER

☐ **Pacemaker Check** ☐ **Carotid Duplex Scan** ☐ **Pre-op Cardiac Assessment**

Patient Name: _____ Date: / /

Date of Birth: _____ Phone No.: _____

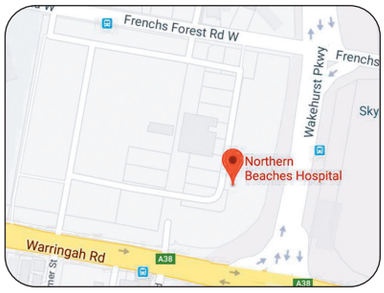
Address: _____

Clinical Notes: _____

REFERRING DOCTOR

Signature: _____ Provider No.: _____

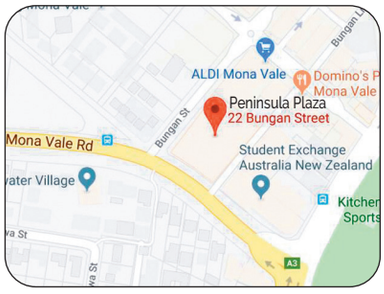
SURGERY LOCATIONS



FRENCHS FOREST

Northern Beaches Hospital,
Suite 13, Level 6,
105 Frenchs Forest Rd West

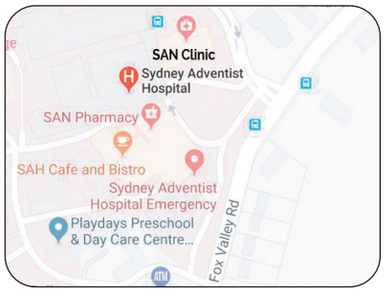
- Surgery located on level 6 of Main Hospital building
- Parking available on site



MONA VALE

Suite 503,
20 Bungan Street

- Surgery located in ‘Peninsula Plaza’ building
- Parking available under building
  (entry via Bungan Lane) or off Bungan Lane.
- Metered parking on street



WAHROONGA

Suite 502, San Clinic,
185 Fox Valley Road

- Surgery located in ‘San Clinic’ building
- Parking under San Clinic, levels P4 & 5
- Lift access from car park
- Shorelink Bus Services:
  Route 573 - Turramurra, Route 589 - Hornsby

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