

Identify Patient and Requester

Patient Details/Bradma

Patient Name: Date of Birth:

Address:

Home Phone: Mobile: Email:

Monash Health UR Number

Outpatient Inpatient Ward (A)

For Inpatient Only: Treating Consultant

Requester Details

Referring Dr: Signature: Date:

Provider no: Pager No: Phone No:

Address

Copy of report to: 1:

2:

Situation Relevant Clinical Details

Outpatient Cardiac CT only - please tick

- Patient has stable symptoms consistent with coronary ischaemia, is at low to intermediate risk of (obstructive) coronary artery disease and would have been considered for coronary angiography
- Evaluation of coronary arteries prior to non-coronary cardiac surgery
- Exclusion of coronary anomaly
- Medicare criteria not met (patient fee paying)

Background Background of Known Pathology (please provide all details of known heart disease)

Diabetes Hypertension Previous PCI Previous CABGs Renal impairment, creatinine µmol/l

Assessment Clinical Question to be Answered by Test

Request

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Adult Transthoracic Echo | <input type="checkbox"/> 12 lead ECG | Cardiac CT | |
| <input type="checkbox"/> Exercise Stress Echo | <input type="checkbox"/> BP Monitor | <input type="checkbox"/> Coronary | <input type="checkbox"/> TAVI workup |
| <input type="checkbox"/> Dobutamine Stress Echo | <input type="checkbox"/> Loop/Event Monitor | <input type="checkbox"/> Calcium Score | <input type="checkbox"/> Congenital Heart Disease |
| <input type="checkbox"/> Paediatric Transthoracic Echo | <input type="checkbox"/> Holter Monitor | | <input type="checkbox"/> Pulmonary Vein Assessment |
| <input type="checkbox"/> Adult Complex CHD Echo | <input type="checkbox"/> Pacemaker/ICD Check | | <input type="checkbox"/> Aortic Assessment |
| <input type="checkbox"/> Adult Transoesophageal Echo | <input type="checkbox"/> Adult Exercise Stress test | | |
| <input type="checkbox"/> Paediatric Transoesophageal Echo | <input type="checkbox"/> Paediatric Exercise Stress test | | |

Patients to make an appointment, please fax this referral to 03 9554 8548 or scan and email to: monashheart.bookings@monashhealth.org Please note appointments cannot be made over the phone.

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MonashHeart is located at three specialist locations:

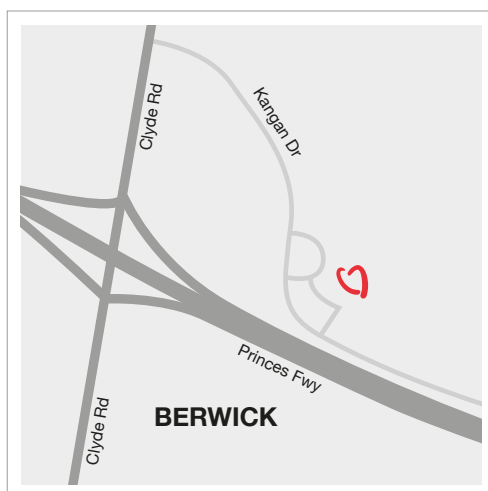
 **MonashHeart Clayton**

Level 2, Monash Medical Centre
246 Clayton Road, Clayton 3168
Tel: 03 9594 2047
Fax: 03 9554 8548
Email: monashheart.bookings@monashhealth.org



 **MonashHeart Dandenong**

Level 3, Dandenong Hospital,
David Street, Dandenong 3175
Tel: 03 9554 8632
Fax: 03 9554 8548
Email: monashheart.bookings@monashhealth.org



 **MonashHeart Casey**

Casey Hospital
62-70 Kangan Drive, Berwick 3806
Tel: 03 8768 1826
Fax: 03 9554 8548
Email: monashheart.bookings@monashhealth.org

www.monashheart.org.au

Office Use Only

Correct Patient (patient to state where possible their full name, D.O.B. and address).

Please tick 3 patient identifiers before commencing test:

Full Name D.O.B. Address Wristband Ankleband