

## Request Form

### 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 .....  $\mu\text{mol/l}$

### Assessment Clinical Question to be Answered by Test

### Request

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Adult Transthoracic Echo         | <input type="checkbox"/> 12 lead ECG                     | <b>Cardiac CT</b>                      | <b>Chest CT</b>                                    |
| <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 |  |  |

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

**MonashHeart is located at three specialist locations:**



 **MonashHeart Clayton**

Level 2, Monash Medical Centre,  
246 Clayton Road, Clayton 3168

Tel: 03 9594 2242

Fax: 03 9554 8548

Email: [monashheart.bookings@monashhealth.org](mailto:monashheart.bookings@monashhealth.org)



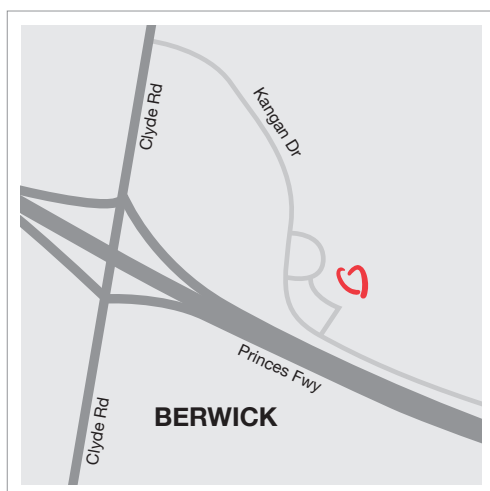
 **MonashHeart Dandenong**

Level 3, Dandenong Hospital,  
David Street, Dandenong 3175

Tel: 03 9554 8632

Fax: 03 9554 8548

Email: [monashheart.bookings@monashhealth.org](mailto:monashheart.bookings@monashhealth.org)



 **MonashHeart Casey**

Casey Hospital (Open Monday, Wednesday and Friday)  
62-70 Kangan Drive, Berwick 3806

Tel: 03 8768 1826

Fax: 03 9554 8548

Email: [monashheart.bookings@monashhealth.org](mailto:monashheart.bookings@monashhealth.org)

[www.monashheart.org.au](http://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