

## 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 (specialists 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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\*subject to patient preparation requirements and availability

### 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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