

PATIENT DETAILS	
Name:	Phone Number:
Date of Birth:	Medicare Number:
Address:	

CLINICAL HISTORY

REQUEST FOR					
Cardiologist Consultation	Next Available		Dr Jason Nogic		Dr Christopher Ford
	Dr Jithin Sajeev		Dr David Tong		Dr Tim Tsay
	Arrhythmia Clinic		Chest Pain Clinic		Heart Failure Clinic
Diagnostic Testing <small>* A specialist consultation may be offered if the patient has had an echocardiogram or stress test in the last 12 months.</small> <small># A specialist consultation/referral is required to assess suitability and for Medicare claimable tests.</small>	Exercise Stress Echocardiogram (ESE) *				
	Transthoracic Echocardiogram (TTE) *				
	24-Hour Holter Monitor				
	12 Lead ECG				
	Implantable Device Interrogation				
CT Coronary Angiogram #					

REFERRING DOCTOR	
Name:	Copy of Report to:
Provider Number:	Signature: _____ Date: _____
Phone:	
Address:	

TEST INSTRUCTIONS	
Exercise Stress Echocardiography	Involves exercising on a treadmill for a short period while your heart rhythm and blood pressure are monitored. Ultrasound images of your heart will be taken before and after exercise. Please wear comfortable attire and walking shoes.
Echocardiography	Ultrasound waves are used to take pictures of your heart to assess for function, structure and any abnormalities.
24 Hour Holter Monitor	Electrodes and a small recorder are attached to your chest which monitor your heart rhythm over a set period while you go about your usual daily activities.
Electrocardiogram (ECG)	A recording of the electrical activity of your heart.

LOCATIONS	CONSULTATION	STRESS ECHO	ECHO	HOLTER	ECG	DEVICE CHECK
WANTIRNA – Knox Private Hospital, Suite 11, 262 Mountain Highway	•	•	•	•	•	•
TECOMA – 4/1569 Burwood Highway	•	•	•	•	•	
RINGWOOD EAST – Suite 2, 26 Grey Street	•	•	•	•	•	
BOX HILL – Epworth Eastern, Suite 10.3, 25 Nelson Street	•					

Once you have completed the form, please save and email it to Reception@vitalheartcare.com.au