Patient Name:				AUSTRALIAN cardio ogy
Address:				
DOB:	Phone:	Gender: M /	F	
O Consultation & ECG				
O ECG				
Exercise Stress Echocardiogram with Baseline Echocardiogram With consultation Angina: Constricting discomfort in the chest/neck/shoulders/jaw/arms OR exertional symptoms OR relieved by rest/GTN SOBOE: Undue exertional dyspnoea - ?cause EcG changes: Consistent with CAD or ischaemia, in a patient without known CAD - ?ischaemia Known CAD: New or worsening symptoms in patients with known coronary artery disease on medical therapy Moderate disease: Indeterminate lesion on CTCA/angiogram Congenital disease: History of congenital heart surgery - ?ischaemia Pre-op with poor exercise capacity and past medical history of IHD/CVA/CCF/DM on insulin/serum Cr >170 PCI or CABG/Valve Surgery: Assessment of valvular disease or ischaemic threshold Silent Ischaemia: ?Silent ischaemia or ?Ischaemia in patient with impaired cognition or expressive language skills Holter Monitoring (24 Hour) Palpitations (more than once a week) Dizziness, pre-syncope or syncope Asymptomatic arrhythmia suspected (more than once a week) Surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia Pacemaker Check / Consultation				
Clinical Notes:				Specialty Clinics (tick if applicable) O Rapid Access Chest Pain Clinic O Heart Failure Clinic O Hypertension Clinic O Atrial Fibrillation Clinic O Pacemaker Clinic O General Cardiology Clinic
Risk Factors: O Hypertension O Diabetes O Family Hx O Dyslipidaemia O Smoking				
Referring Doctor:			** ** ** ** **	Provider No.
Address:				
Signature:				Date:
Copy to:				

Patient Instructions:

Please notify us if you are unable to attend.

Please wear a comfortable two piece attire and walking shoes for stress test.

Please bring your referral or doctor's letter to the appointment. Failure to do so may result in your appointment being cancelled.

Bring your Medicare Card with you to the appointment.

Please stop these medicines 48 hours before the stress test, after consulting with your doctor: Atenolol, Sotalol, Metoprolol, Nebivolol, Bisoprolol, Carvedilol, Cardizem, Verapamil, Digoxin.

For more information please visit the website: www.australiancardiology.com.au

ECG

Records the electrical activity of the heart. The skin is prepared by rubbing or shaving so that the recording dots stick to the skin. Duration: 5 minutes

Echocardiography

Ultrasound to take pictures of your heart to assess it's function and structure. No preparation needed. Duration: 30 minutes

Stress Echocardiography

This test involves exercising on a treadmill for a short duration of time while monitoring your heart rhythm and blood pressure. Ultrasound images of heart are taken before and after exercise. Duration: 40 minutes

Holter Monitoring

Records your heart rate and rhythm for 24 hours. You wear a small recorder with three short wires from the recorder attached to your chest. You can continue your normal activities during the 24 hours of Holter monitoring. The only restriction is no showering. Duration: 10 minutes to fit the recorder

24 Hours Blood Pressure Monitoring

Records your frequent blood pressure readings over a 24 hours period of time. You wear a small recorder and a blood pressure cuff. You can continue your normal activities during the 24 hours of monitoring. The only restriction is no showering. Duration: 10 minutes to fit the recorder

Phone: 1300 122 224 Fax: 1300 122 225

Email: contact@australiancardiology.com.au Website: www.australiancardiology.com.au

LOCATIONS:

MILDURA

199, 13th St Mildura, VIC 3500

MELBOURNE

(Head Office) 157 Scoresby Road, Boronia, VIC 3155

