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TEST BOOKINGS
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CONSULTATIONS
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Dr Mulhearn - 07 3876 0604
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IPSWICH HEARTS

CARDIAC TESTING

MEDICAL OBJECTS
Dr Mulhearn 203639DL
Dr West 012830BL
Dr Ghoshal 290902QW

TEST REQUEST FORM

PATIENT DETAILS

Name: DOB: Phone:
Address: Medicare #:

CLINICAL DETAILS

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ECHOCARDIOGRAM

INITIAL (55126 applicable once every 2 years)

Please select indication:

- Symptoms or signs of cardiac failure
- Ventricular hypertrophy or dysfunction
- Pulmonary hypertension
- Valvular disease
- Aortic disease
- Pericardial disease
- Thrombotic disease
- Embolic disease
- Heart tumour
- Symptoms/signs of congenital heart disease
- Other rare indications _____
- Other (privately billed, no Medicare) _____

REPEAT (when 55126 claimed within last 2 years)

Please select indication:

- Known valvular disease (55127 SPECIALIST /55128 GP MM 3-7 ONLY)
- Known heart failure or structural heart disease (55129 SPECIALIST ONLY)
- Isolated pericardial effusion (55133)
- Pericarditis (55133)
- Cardiotoxicity (55133)
- 17 years & under complex congenital heart disease (55132 SPECIALIST ONLY)
- Other (privately billed, no Medicare) _____

STRESS ECHOCARDIOGRAM

INITIAL + BASELINE ECHO

Focused Study (LV assessment only) (55141, applicable once every 2 years)

Please select indication:

- Symptoms of typical or atypical angina - constricting discomfort in the front of the chest, neck, shoulders, jaw, arms
- Known CAD with symptoms of ischemia that medical therapy is not adequately controlling or the symptoms have evolved since the last study
- 12 lead ECG changes consistent with CAD or ischemia, no known CAD
- Unexplained breathlessness
- Silent myocardial ischemia is suspected
- CAD related lesions previously identified on CTCA or invasive angiography
- Pre-operative assessment where surgery is intermediate to high risk
- Other (privately billed, no Medicare) _____

REPEAT (55143 specialist only, applicable once every 12 months)

EXERCISE STRESS ECG (11729 or 11730, applicable once every 2 years)

Please select indication:

- Symptoms consistent with cardiac ischemia
- Other cardiac disease which may be exacerbated by exercise
- First degree relative with suspected heritable arrhythmia
- Other (privately billed, no Medicare) _____

HOLTER MONITOR (11716, applicable once every 4 weeks)

24 HOUR **EXTENDED** Specify # of days _____

Please select indication:

- Syncope
- Presyncope
- Palpitations > once per week
- Suspected asymptomatic arrhythmia with expected frequency > once a week
- Surveillance following cardiac surgery that have an established risk of causing dysrhythmia
- Investigation post CVA/TIA
- Other (privately billed, no Medicare) _____

24 HOUR AMBULATORY BP

12 LEAD ECG

REFERRED BY

Doctor: Address:
Provider #: Signature: Date:

OPENING HOURS

8.30am to 5pm Monday to Thursday

8.30am to 4pm Fridays



All tests require an appointment

IPSWICH HEARTS

CARDIAC TESTING

TEST DURATION & PREPARATION

TEST	DURATION	PREPARATION
Echocardiogram	30-50 mins	<ul style="list-style-type: none">Wear loose, easy to remove clothing (2 piece outfit).
Exercise Stress Test	30 mins	<ul style="list-style-type: none">No eating, drinking (except water) or smoking 2 hours prior.Wear loose, easy to remove clothing (2 piece outfit).Take medications as normal.Bring a list of medications you are taking.
Stress Echocardiogram	30 mins	<ul style="list-style-type: none">No eating, drinking (except water) or smoking 2 hours prior.Wear loose, easy to remove clothing (2 piece outfit).Bring a list of medications you are taking.Take medications as normal.
12 Lead ECG	10 mins	<ul style="list-style-type: none">Wear loose, easy to remove clothing (2 piece outfit).
Holter Monitor	15 mins	<ul style="list-style-type: none">Bath or shower before.Wear loose, easy to remove clothing (2 piece outfit).
7 Day Holter Monitoring	15 mins	<ul style="list-style-type: none">Bath or shower before.Wear loose, easy to remove clothing (2 piece outfit).
24 Hour Ambulatory BP	15 mins	<ul style="list-style-type: none">Bath or shower before.Wear loose, easy to remove clothing (2 piece outfit).

WHAT TO BRING

- Request Form
- Medicare Card
- Pension/Health Care Card

MEDICARE ELIGIBILITY

The Australian Government stipulate when a test is claimable through Medicare (based on your symptoms and/or clinical history and/or family history in addition to how often you have had the same test). Once we see your referral and perform a Medicare Item Number check we will be able to advise if your test will be bulk billed or subject to a fee (and if a Medicare rebate is payable).

HOW TO FIND US

