GIPPSLAND CARDIOLOGY SERVICE

Ph: (03) 5132 1323
Fax: (03) 4104 0882
E: info@gippslandcardiology.com.au
W: www.gippslandcardiology.com.au

Suite 1, Maryvale Health Care Centre
Maryvale Private Hospital
286 Maryvale Road
Morwell VIC 3840

Patient Referral Form

☐ In-patient ☐ Out-patient ☐ Urgent

Test(s) Required *(Please select one of the MBS criteria for echocardiogram or stress echocardiogram)*

☐ Cardiology consultation
☐ Pacemaker/ICD Check
☐ 12 lead ECG
☐ Holter monitor
☐ Exercise ECG

☐ **Echocardiogram:**
- ○ Heart failure
- ○ Left ventricular hypertrophy
- ○ Valvular heart disease
- ○ Aortic valve disease
- ○ Pericardium
- ○ Cardiac mass
- ○ Congenital heart disease
- ○ Surveillance of known heart failure or valvular lesion
- ○ Other – please specify below

☐ **Stress echocardiogram:**
- ○ Chest pain (with or without history of IHD)
- ○ Abnormal ECG without known CAD
- ○ Exertional dyspnoea
- ○ Silent ischaemia suspected/unable to be excluded
- ○ Valvular heart disease (severe AS or significant AR/MS)
- ○ Other—please specify below

All diagnostic tests are bulk billed. Minimum age for diagnostic test is 17yo.

Patient Details:

Name:

Address:

Phone: Date of birth:

Medicare No.:

Clinical Details:

Referring Doctor's Details:

Dr: Signature:

Clinic Details:

Date of referral: / / Provider No.:

CC: CC: ☐ MVPH Medical Records