

Request Form

Identify Patient and Requester

Patient Details/Bradma

Patient Name: Date of Birth:

Address:

Home Phone: Mobile: Email:

Southern Health UR Number

Outpatient Inpatient Ward

For Inpatient Only: Treating Consultant

Requester Details

Referring Dr: Signature: Date:

Provider no: Pager No: Phone No:

Address

Copy of report to: 1:

..... 2:

Situation Relevant Clinical Details

Cardiac CT only (mandatory information for Medicare)

- Symptoms consistent with coronary ischaemia
- Evaluation of coronary arteries prior to non-coronary cardiac surgery
- Exclusion of coronary anomaly
- Other (no Medicare rebate)

Background Background of Known Pathology:

Please provide all details of known heart disease

- Diabetes Hypertension
- Other - please specify

Cardiac CT Only (mandatory information)

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Previous PCI/stents to:

Previous CABGs to:

Assessment Clinical Question to be Answered by Test

Request

- Adult Transthoracic Echo
- Exercise Stress Echo
- Dobutamine Stress Echo
- Paediatric Transthoracic Echo
- Adult Complex CHD Echo
- Adult Transoesophageal Echo
- Paediatric Transoesophageal Echo
- 12 lead ECG
- BP Monitor
- Loop/Event Monitor
- Holter Monitor
- Pacemaker/ICD Check
- Adult Exercise Stress test
- Paediatric Exercise Stress test

Cardiac CT

- Coronary
- Calcium Score
- Congenital Heart Disease
- Other

Chest CT

- Aortic Assessment
- Congenital Heart Disease
- Pulmonary Vein Assessment

Specialist Details



MonashHeart is located at three specialist locations:



MonashHeart Clayton

Level 2, Monash Medical Centre,
246 Clayton Road, Clayton 3168

Tel: 03 9594 2242

Fax: 03 9594 6239

Email: monashheart.bookings@southernhealth.org.au



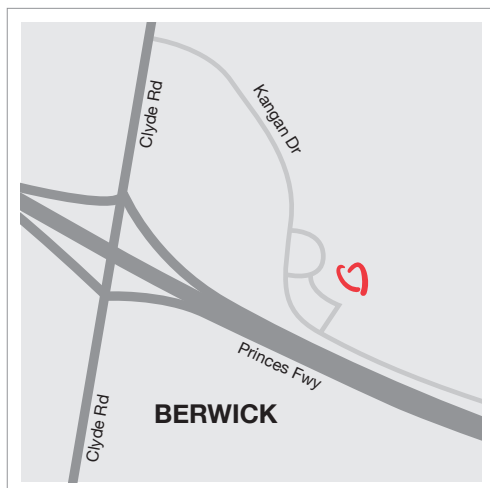
MonashHeart Dandenong

Level 3, Dandenong Hospital,
David Street, Dandenong 3175

Tel: 03 9554 8632

Fax: 03 9554 1930

Email: monashheart.bookings@southernhealth.org.au



MonashHeart Casey

Casey Hospital
62-70 Kangan Drive, Berwick 3806

Tel: 03 8768 1826

Fax: 03 8768 1989

Email: monashheart.bookings@southernhealth.org.au

www.monashheart.org.au

Office Use Only

Correct Patient (patient to state where possible their full name, D.O.B. and address).

Please tick 3 patient identifiers before commencing test:

Full Name D.O.B. Address Wristband Ankleband