Werribee HEART
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Cardiac Consulting & Diagnostic Tests Request

Wyndham Medical Centre
1st Floor, 242 Hoppers Lane,
Werribee Vic 3030

Prof. Robert Whitbourn - Prof. Andrew Wilson - Dr Tim Roberts - A/Prof Alex McLellan
Dr Ian Matthews - Dr Khoa Phan - A/Prof Ben Pang - Dr Odgerel Tumur - Dr Aravinda Selvarajah Amanda Sherwen.

Patient Details:

Appointment Date: ..... Time: .....

Name .....

Date of Birth .....

Address .....

Phone .....

Clinical Notes: .....

.....

.....

Referring Doctor. ..... **Prov No:** .....

Date .....

Name: .....

Address .....

.....

Signature ..... **Copy to:** .....

Appointment/Test

- ☐ **Consultation**
- ☐ **Echocardiogram**
- ☐ **24hr Blood Pressure Monitor**
- ☐ **Stress Echocardiogram** (please complete below)
- ☐ **ECG test (12 lead)**
- ☐ **Holter Monitor**
- ☐ **Pacemaker Check**
- ☐ **Heart Bug**

STRESS ECHO Clinical Indications - Select one of A, B or C (mandatory)

A) Patient displays one or more of the following symptoms of typical or atypical angina:

- ☐ Constricting discomfort in the; front of the chest / neck / shoulders/ jaw / arms; or
- ☐ The patient's symptoms are precipitated by physical exertion; or
- ☐ The patient's symptoms are relieved by rest or glyceryl trinitrate within 5 minutes

B) Patient has known coronary artery disease and has one or more symptoms suggestive of ischaemia:

- ☐ Which are not adequately controlled with medical therapy; or
- ☐ Have evolved since the last functional study; or

C) Patient qualifies if one or more of the following indications:

- ☐ Assessment of myocardial ischaemia with exercise is required if a patient with congenital heart lesions has undergone surgery and reversal of ischemia is considered possible; or
- ☐ Assessment indicates that resting 12 lead electrocardiogram changes are consistent with coronary artery disease or ischaemia, in a patient that is without known coronary artery disease; or
- ☐ Coronary artery disease related lesions, of uncertain functional significance, which have previously been identified on CTCA or invasive coronary angiography; or
- ☐ Assessment indicates that the patient has potential non-coronary artery disease, which includes undue exertional dyspnoea of uncertain aetiology; or
- ☐ A pre-operative assessment of a patient with functional capacity of less than 4 metabolic equivalents confirming that surgery is intermediate to high risk, and the patient has at least one of following conditions:
  - ischaemic heart disease or previous myocardial infarction; or
  - heart failure; or
  - stroke or transient ischaemic attack; or
  - renal dysfunction (serum creatinine greater than 170umol/L or 2 mg/dL or a creatinine clearance of less than 60 mL/min); or
  - diabetes mellitus requiring insulin therapy
- ☐ Assessment before cardiac surgery or catheter-based interventions is required to
  - increase the cardiac output to assess the severity of aortic stenosis; or
  - determine whether valve regurgitation worsens with exercise and/or correlates with functional capacity; or
  - correlate functional capacity with the ischaemic threshold; or
- ☐ For patients where silent myocardial ischaemia is suspected, or due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

Your doctor has recommended that you use Werribee Heart. You may choose another provider, but please discuss this with your doctor first.

Patient Information:

The tests ordered are non-invasive, no needles are involved.

Exercise/stress test:

Wear loose comfortable clothing and walking shoes for exercise. You will need to remove clothing over your chest . A gown will be provided.

Medications:

Withhold beta blocker tablet on morning of the test.

Consultations:

Please bring referral, all medications (or complete list) and copies of recent blood tests and xrays.

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