SmartCare Diagnostics

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Opening Hours : Monday to Friday 8am to 5pm
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Referral Form

Please scan to request an appointment

Patient Details

Surname

Phone Number

Given Names

Medicare No

DOB

Email

Referral Pathway (to ensure medicare bulk billed investigations for your patient)

- ☐ Specialist Consultation - (assessment of patient for further investigations)
- ☐ Perioperative Consultation - (assessment of patient prior to intermediate-high risk surgery)
- ☐ Alternatively - select from below investigations required – (ensure Medicare clinical indicators are met)

Cardiac Investigations (all tests Bulk Billed except 24hr BP monitor)

☐ **Echocardiogram**
Please select indications below:

- ☐ Symptoms or signs of heart failure
- ☐ Dyspnoea
- ☐ Palpitations
- ☐ Pre-syncope/Syncope
- ☐ Chest Pain/Discomfort
- ☐ Odema/Peripheral Odema
- ☐ Ventricular hypertrophy or dysfunction
- ☐ Pulmonary hypertension
- ☐ Pericardial disease
- ☐ Congenital heart disease
- ☐ Cardiac tumor or thrombus
- ☐ Cardiac source of embolus
- ☐ Murmur
- ☐ Aortic disease
- ☐ Valvular disease
- ☐ Hypertension

☐ **Frequent Repeat** - Isolated pericardial effusion, pericarditis, commenced medication for non-cardiac purposes that have cardio toxic side effects

☐ **Stress Echo - Comprehensive**
(Includes stress echo & resting echo)

☐ **Stress Echo - Focused Study**
(LV function assessment only)
Please select indications below:

- ☐ Chest Pain/Discomfort
- ☐ Stress symptoms of typical or atypical angina
- ☐ Exertional Symptoms
- ☐ Symptoms relieved with GTN or rest
- ☐ Unexplained breathlessness
- ☐ Shortness of breath on exertion (SOBOE)
- ☐ ECG changes suggestive of ischaemia
- ☐ Known CAD with worsening symptoms
- ☐ Previous cardiac event STENT/MI and worsening symptoms
- ☐ Functional assessment of CAD detected on Angio/CT
- ☐ Perioperative assessment prior to surgery (poor exercise capacity of PHx or CAD, DM on Insulin or renal dysfunction)
- ☐ Assessment of valvular disease prior to intervention
- ☐ Suspected silent myocardial Ischaemia

☐ **Exercise Stress Test**
Please select indications below:

- ☐ Symptoms consistent with cardiac ischaemia
- ☐ Exertional Symptoms
- ☐ First degree relative with suspected heritable arrhythmia
- ☐ Work related screening (Not covered by Medicare)

☐ ECG Tracing & Report

☐ 24 Hour BP Monitor (out of pocket cost)

☐ Ankle Brachial Index

☐ 24 Hour Holter Monitor

☐ Multi-Day Holter Monitor
(Please specify number of days _____ 3-5 days)

Respiratory & Sleep Investigations (all test Bulk Billed)

☐ **Lung Function Test** (15 years & older)
(Combined Spirometry & Gas Transfer Factor)

☐ **Type II Home Sleep Investigation** (18 years & older)
*Complete questionnaire below

Clinical Details:

Current medications

- ☐ Betablocker
- ☐ ACE Inhibitor / CCB
- ☐ Statin
- ☐ Antiplatlet Therapy

Patient history

- ☐ Hypertension
- ☐ Dyslipidaemia
- ☐ Family history
- ☐ Diabetes
- ☐ Smoker

Referring Doctor Details

Name :
Provider No :
Address :

Signature:

Date:

Home Sleep Studies Questionnaire

1. Medical Co-Morbidities (Please complete as appropriate)

Height (cm) = _____

Weight (kg) = _____

BMI (kg/m^2) = _____

☐ Type 2 diabetes ☐ AF ☐ Cardiac Failure ☐ Stroke/TIA

☐ COPD ☐ Other Co-Morbidities:

Previous sleep study:
☐ Yes ☐ No
Date:

2. The Epworth Sleepiness Scale Test (Medicare Pre-Qualification Test)

PLEASE CIRCLE

Scenario				
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public place (eg. theatre or meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
TOTAL SCORE (add up total responses)				

0 - Would never doze
1 - Slight chance of dozing
2 - Moderate chance of dozing
3 - High chance of dozing

Score Result:
0 - 7 = Normal
(Bulk Billing not applicable)
8- 24 = Abnormal
(Complete Questionnaire)

Total = ...

How likely are you to doze off or fall asleep in the situations described, in contrast to feeling just tired?

This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they have affected you. Use the scale test on the left to choose the most appropriate number for each situation.

3. STOP - BANG Questionnaire

☐ Do you **SNORE** loudly (loud enough to be heard through closed doors)?
☐ Do you often feel **TIRED**, fatigued or sleepy during daytime?
☐ Has anyone **OBSERVED** you stop breathing or choking during your sleep?
☐ Do you have or are you being treated for high blood **PRESSURE?**
☐ **BMI** more than 35 kg / m2?
☐ **AGE** older than 50 years?
☐ **NECK** size large (Males: 43cm+ & Females: 41cm+)
☐ **GENDER** = Are you male?

Minimum 4 ticks to qualify for **Bulk-Billing.**

OR

OSA 50 Screening Questionnaire

To qualify for Bulk-Billing a patient must score 5 or more.

Obesity
Waist Circumference:.....cm.....= 3
(Male> 102cm & Female > 88cm "Waist measurement at the umbilicus level)

Snoring
Has your snoring ever bothered other people.....= 3

Apneas
Has anyone noticed that you stop breathing during sleep.....= 2

Age 50+
Are you aged 50 years or over?.....= 2

Total Score:...../ 10

TEST INFORMATION

1. Echo — Ultrasound examination of the heart

Duration: 40 minutes
Preparation: No preparation is necessary.

2. Stress Echo — Echo before and after treadmill exercise

Duration: 1 hour including recovery time.
Preparation: Do not drink beverages containing caffeine (inc Tea/Coffee/Cola/Energy Drinks) the day of your test. Do not smoke 3 hours prior to your test. Wear clothing and footwear suitable for exercise (suggest shorts/tights for ladies). A gown will be provided. Bring a list of any medications that you are on.

3. ECG — Standard 12 lead electrocardiograph

Duration: 5 Minutes
Preparation: No preparation is necessary.

4. Stress Test — ECG with treadmill exercise

Duration: 40 Minutes
Preparation: Do not drink beverages containing caffeine (inc Tea/Coffee/Cola/Energy Drinks) the day of your test. Do not smoke 3 hours prior to your test. Wear clothing and footwear suitable for exercise (suggest shorts/tights for ladies). A gown will be provided. Bring a list of any medications that you are on.

5. Holter — 24 hour ambulatory ECG monitoring

Duration: 20 minutes to attach.
Preparation: Clean, dry skin is required. You cannot shower whilst you are wearing the monitor for 24 hours, so it is suggested you shower prior to the fitting. You will be asked to return the monitor in 24 hours.

6. Ambulatory BP — Blood Pressure Monitor. 24 hour recording worn on the arm

Duration: 20 minutes to attach.
Preparation: Shower before the test (as you will not be able to shower for 24 hours). You will be asked to return the monitor in 24 hours.

7. Home Sleep Study — Overnight sleep monitor attached to head and body

Duration: 20 minutes to attach – 5 minutes to detach.
Preparation: Please shower before your sleep study as once the electrodes and wires are applied you will not be able to shower until the next morning. If you are normally clean-shaven, please shave before your sleep study. Please try to avoid nail polish as you will be wearing a finger oximeter.