Pure Heart Imaging
Diagnostic Echocardiography

**M:** 0494 761 640
**E:** Admin@PureHeartImaging.com.au
**W:** PureHeartImaging.com.au
**ABN:** 87 691 872 278

# Diagnostic Echocardiogram Request Form

## Priority

☐URGENT *If not selected, the referral will be booked at the next routine availability.*

## Patient Details

| | | |
|---|---|---|
| Name: | | |
| Address: | | |
| Phone: | | Date of Birth: |
| Medicare No.: | IRN: | Sex (at birth): ☐ M / ☐ F / ☐ Other |

## Clinical Indications

**Comprehensive Transthoracic Echocardiogram**

*GP: Not more than once every two years; Specialist / Consultant Physician: No time restriction*

Patient must require investigation into at least one of the following suspected or known conditions to be eligible for Medicare rebate:

☐ Symptoms or signs of cardiac failure
☐ Ventricular hypertrophy or dysfunction
☐ Valvular, aortic, pericardial, thrombotic or embolic disease
☐ Cardiac mass / tumour
☐ Pulmonary hypertension
☐ Symptoms or signs of congenital heart disease
☐ Other rare indications (Please specify below under Clinical Details)

**Repeat Transthoracic Echocardiogram**

*GP – Outside Metro Areas (MMM 3-7): No time restriction; Specialist / Consultant Physician: No time restriction*

Patient must require investigation into at least one of the following to be eligible for Medicare rebate:

☐ Oncology/Cardiotoxic Medication Surveillance*
☐ Known valvular dysfunction
☐ Isolated pericardial effusion or pericarditis

**Medication must be non-cardiac related and included under the Pharmaceutical Benefits Scheme*

## Clinical Details

☐ Patient has had an echocardiogram within the past two years (please attach copy of results)

## Referring Doctor Details

| | |
|---|---|
| Dr: | *Doctors Stamp/Label* |
| Clinic Name: | |
| Provider No.: | |
| Date of Referral: | |
| Signature: | |
| CC: | |

*Email completed forms to: admin@pureheartimaging.com.au or upload directly to HealthLink (ID: **purehrti**)*

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# Information for Referrers

This guide summarises common clinical features that may indicate the need for transthoracic echocardiography. Examples are provided to assist referrers and are not exhaustive. Clinical judgement and Medicare eligibility requirements should always guide referral decisions.

## Signs of cardiac failure

- ◊ Shortness of breath (exertional or at rest)
- ◊ Reduced exercise tolerance / early fatigue
- ◊ Orthopnoea (breathlessness when lying flat)
- ◊ Paroxysmal nocturnal dyspnoea (night-time breathlessness)
- ◊ Peripheral oedema (ankle/leg swelling)
- ◊ Rapid unexplained weight gain (fluid retention)
- ◊ Elevated jugular venous pressure
- ◊ Basal crackles on chest auscultation

## Ventricular hypertrophy or dysfunction

- ◊ Longstanding hypertension with new or worsening symptoms
- ◊ Exertional dyspnoea or fatigue suggestive of LV dysfunction
- ◊ Syncope or presyncope
- ◊ Palpitations with suspected structural heart disease
- ◊ Abnormal ECG suggesting hypertrophy or strain
- ◊ New bundle branch block or conduction abnormality
- ◊ Suspected cardiomyopathy (family history or clinical features)

## Valvular / Aortic disease

- ◊ Newly detected or changing cardiac murmur
- ◊ Exertional chest discomfort
- ◊ Exertional dizziness or syncope
- ◊ Dyspnoea suggesting stenosis or regurgitation
- ◊ History of rheumatic fever
- ◊ Symptoms consistent with aortic root disease (e.g., Marfan features)

## Pericardial disease

- ◊ Chest discomfort relieved by sitting forward
- ◊ Unexplained dyspnoea
- ◊ Clinical suspicion of pericardial effusion
- ◊ Pericardial rub on examination

## Thrombotic / Embolic disease

- ◊ Suspected cardioembolic event (e.g., after transient ischaemic event)
- ◊ Atrial fibrillation with concern for structural heart disease
- ◊ Unexplained systemic embolic symptoms

## Cardiac mass / tumour (suspected)

- ◊ Unexplained embolic episodes
- ◊ Constitutional symptoms with suspected cardiac involvement
- ◊ New murmur with systemic symptoms
- ◊ Incidental abnormality on other imaging
- ◊ Suspect myxoma / other intracardiac lesion

## Pulmonary hypertension (suspected)

- ◊ Suspected cardioembolic event (e.g., after transient ischaemic event)
- ◊ Atrial fibrillation with concern for structural heart disease
- ◊ Unexplained systemic embolic symptoms

## Symptoms of congenital heart disease

- ◊ Fixed splitting of S2
- ◊ Unexplained cyanosis or clubbing
- ◊ Longstanding murmur now symptomatic
- ◊ Exertional dyspnoea in a patient with known or suspected congenital lesion
- ◊ Abnormal ECG suggesting structural anomaly
- ◊ Right-sided enlargement on chest imaging

## Other Rare Indications

- ◊ Systemic disease with possible cardiac involvement (e.g., autoimmune, sarcoidosis).
- ◊ Specialist-directed assessment in chronic systemic disease (e.g., renal, oncology).
- ◊ Family history of sudden cardiac death (no known structural disease).
- ◊ Unexplained systemic symptoms with possible cardiac features.

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