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**ALL BOOKINGS**
**Phone: 1300 358 706**

Email: admin@smartcd.com.au

Located at:

**Springfield**
**Upper Mt Gravatt**
**North Lakes**
**Taringa**
**Capalaba**

## Referral Form

### PATIENT DETAILS

Date: 22/08/2025

Name: Patient Test

Date of Birth: 28/07/1985

Address: 1 Test Street Brisbane QLD 4209

Phone Number:

Mobile Number: 0412356789

Medicare Number:

### CONSULTATIONS

☐ **Specialist Consultation** - (Emergency Physician - post investigation review) (out of pocket cost \$200.00)

☐ **Perioperative Consultation** - (assessment of patient prior to intermediate-high risk surgery)

### CARDIAC INVESTIGATIONS - Bulk Billed (All eligible tests bulk billed except 24hr Blood Pressure)

#### Echocardiogram

☐ **Initial 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 tumour or thrombus
- ☐ Cardiac source of embolus
- ☐ Murmur
- ☐ Aortic Disease
- ☐ Valvular Disease
- ☐ Hypertension

☐ **Agitated Saline Bubble Study**
☐ **Frequent Repeat Echo**

Isolated pericardial effusion, pericarditis, commenced medication for non-cardiac purposes that have cardio toxic side effects.

☐ **Stress Echo – Comprehensive**

(Includes stress echo &amp; resting echo)

☐ **Stress Echo - Focused Study**

(LV function assessment only)

Please select indications below:

- ☐ Chest Pain/Discomfort
- ☐ 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
- ☐ 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)
- ☐ Other Investigations

☐ **ECG Tracing & Report**
☐ **24 Hour BP Monitor**
☐ **Ankle Brachial Index**
☐ **24 Hour Holter Monitor**
☐ **Event Monitor (specify days below):**
☐ 7 days ☐ 14 days ☐ 28 days

## RESPIRATORY & SLEEP INVESTIGATIONS - Bulk Billed

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

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

Clinical Details:

Current Medications:

No regular medications.

Patient History:

No significant Past History.

### Referring Doctor's Details

Referred By:

Dr Frederick Findacure

Doctor's Address:

1 Best Avenue Practiceland QLD 4001

Doctor's Phone: 0744444444

Provider Number: 431065HY

Doctor's Signature:

**Note:** \*For Home Based Sleep Study please complete the Questionnaires below.

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

Height (cm) =

☐ Type 2 diabetes

☐ AF

☐ Cardiac  
failure

☐ Stroke/TIA

☐ COPD

Weight (kg) =

☐ Other Co-Morbidities:

Previous Sleep Study

Date:

BMI (kg/m2) =

### 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
<b>TOTAL SCORE (add up total responses)</b>				

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 haven't 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 OR OSA 50 Screening 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**

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

**OR**

**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 over 50 years or over? ..... = **2**

**Total Score: ..... / 10**

## CLINIC LOCATIONS

### Springfield

Suit 1.16A, Level 1, Orion Shopping Centre  
1 Main Street, Springfield Central QLD 4300  
Opening Hours: Monday to Friday 8am - 5pm  
Phone: 1300 358 706  
Fax: 07 3470 5852  
Email: [admin@smartcd.com.au](mailto:admin@smartcd.com.au)  
[smartcd.com.au](http://smartcd.com.au)

### Upper Mt Gravatt

2166 Logan Rd, Upper Mt Gravatt QLD 4122  
Opening Hours: Monday to Friday 8am - 5pm  
Phone: 1300 358 706  
Fax: 07 2800 8797  
Email: [admin@smartcd.com.au](mailto:admin@smartcd.com.au)  
[smartcd.com.au](http://smartcd.com.au)

### North Lakes

3/9 Gregor Street West, North Lakes QLD 4509  
Opening Hours: Monday to Friday 8am - 5pm  
Phone: 1300 358 706  
Fax: 07 3470 5852  
Email: [admin@smartcd.com.au](mailto:admin@smartcd.com.au)  
[smartcd.com.au](http://smartcd.com.au)

### Taringa

Suite 2 / 165 Moggill Road, Taringa QLD 4068  
Opening Hours: Monday to Friday 8am - 5pm  
Phone: 1300 358 706  
Fax: 07 3470 5852  
Email: [admin@smartcd.com.au](mailto:admin@smartcd.com.au)  
[smartcd.com.au](http://smartcd.com.au)

### Capalaba

Shop 27, 200 Old Cleveland Rd, Capalaba, QLD 4157  
Opening Hours: Monday to Friday 8am - 5pm  
Phone: 1300 358 706  
Fax: 07 2800 8797  
Email: [admin@smartcd.com.au](mailto:admin@smartcd.com.au)  
[smartcd.com.au](http://smartcd.com.au)

Please refer to our Website for the Testing Information

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