SMARTCARE Diagnostics

Referral Form

www.smartcd.com.au
Please scan to request an appointment
All BOOKINGS
PH: 1300 358 706
Fax : 07 3470 5852
Email : bookings@smartcd.com.au

Our Locations:
Springfield Central
Upper Mt Gravatt
North Lakes
Taringa
Capalaba
Ipswich
Gatton

Patient Details

Surname

Phone Number

Given Names

Medicare No

DOB

Email

Consultations

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

Cardiac Investigations (All Tests Bulk Billed)

☐ 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

☐ Agitated Saline Echo (for PFO)

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

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

☐ ECG Tracing & Report

☐ 24 Hour BP Monitor

☐ Ankle Brachial Index

☐ 24 Hour Holter Monitor

☐ Event Monitor
(Please specify number of days _____ 7-30 days)

Respiratory & Sleep Investigations (all test Bulk Billed)

☐ Lung Function Test (5 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:

Fax/Email referral to preferred location

Please refer to back page for full clinic location information

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 3 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

CLINIC LOCATIONS

Springfield Central
Shop 8, 95 Southern Cross Cct,
Springfield Central QLD 4300

North Lakes
3/9 Gregor Street West, North Lakes QLD 4509

Upper Mt Gravatt
2166 Logan Rd, Upper Mt Gravatt QLD 4122

Taringa
Suite 2 / 165 Moggill Road, Taringa QLD 4068
(Located inside Integrated Gut Health)

Capalaba
Shop 27, 200 Old Cleveland Rd, Capalaba, QLD 4157
(located inside Assist Allied Health)

Gatton
25-27 Railway Street, Gatton, QLD 4343

Ipswich
Suite 5D, 10 Churchill Street, Ipswich QLD 4305

Please refer to our website for the testing information

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