

Cardiovascular Rehabilitation Physician Referral Form

Patient Name: _____ MRN: _____ Phone # _____

Address: _____
Street City State Zip

Referring Diagnosis: (please check one of the following diagnoses)

Based on guidelines from the Center for Medicare & Medicaid Services, the following diagnostic criteria and/or ICD-9 codes are covered when referring patients to the Phase II Cardiovascular Rehabilitation program:

____ Myocardial Infarction within past 12 months (410.00-410.92, 414.8)

____ Stable Angina Pectoris (413.00 – 413.9)

____ Percutaneous Transluminal Coronary Angioplasty or Stenting (V45.09 – V45.82)

____ Coronary Artery Bypass Surgery (V45.81)

____ Heart or Heart Lung Transplant (V42.1)

____ Heart Valve Repair or Replacement (V15.1, V42.2, V43.3)

I authorize the Cardiovascular Rehabilitation Center to:

- Schedule a symptom limited graded exercise test with 12 lead ECG for risk stratification and exercise prescription prior to starting cardiovascular rehabilitation and at discharge, if needed.
- Current lab values are helpful in order to assess the lipid status and individualized diet therapy. A venous blood sample will be drawn and lipids analyzed at the UH laboratory. A copy of the results will be forwarded to your office.

Limitations or any specific individual guidelines or protocols you want your patient to follow:

I consent to have my patient participate in the cardiovascular rehabilitation program. I agree to have my patient counseled in all subjects related to cardiovascular rehabilitation. I will continue regular medical care of my patient throughout his/her participation in the program. I agree to have my patient participate in the outpatient (Phase III) cardiovascular rehabilitation program after completion of the Phase II program.

Name of Physician (please print) _____

Date: _____ MD/DO Signature: _____

For questions, please contact Dr. Richard Josephson, Medical Director, Cardiovascular Pulmonary Rehabilitation Center, @ (216) 844-5380.

Please fax completed forms and reports to:

UH Chagrin Highlands Health Center at (216) 839-4513.