NYU Langone MEDICAL CENTER

The Joan and Joel Smilow Cardiac Rehabilitation and Prevention Center

FAX to (646) 754-9652

REFERRAL FOR OUTPATIENT CARDIAC REHAB

Date: _____

Patient Name: _____ Sex (Please Circle): F M
Patient Date of Birth: _____ Patient Social Security Number: _____
Telephone Number: Contact 1: (_____)_____-_____
Contact 2: (_____)_____-_____
Patient Address: _____
_____
Primary Insurance: _____ Policy Number: _____ Insured Name: _____
Secondary Insurance: _____ Policy Number: _____ Insured Name: _____

Indication for Cardiac Rehabilitation (please select ALL that apply)

Cardiovascular Diagnosis	***Onset Date(s)***	***Treating Institution***
_____ Myocardial Infarction (within 1 year)	_____	_____
_____ Coronary Artery Bypass Surgery (within 6 months)	_____	_____
_____ Stable Angina (with documentation)	_____	_____
_____ Coronary Stents (within 6 months)	_____	_____
_____ Valve Repair/Replacement	_____	_____
_____Systolic Heart Failure; EF <35% with optimal medical therapy	_____	_____
_____ Other _____	_____	_____

Cardiovascular Risk Factors: (please select ALL that apply)

_____Hypertension	_____Hyperlipidemia	_____Diabetes	_____Obesity
_____Smoking	_____Sedentary Lifestyle	_____Post Menopausal	_____Family History

Significant Medical/Orthopedic Problems (Please Circle): Yes No

Description: _____
_____

♥ Admission to the program is dependent upon receipt of the most recent ECG, blood lipid results, graded exercise test results (within 3 months) and if appropriate, cardiac catherization report.

♥ Can we schedule your patient for an initial stress test? (Please circle) Yes No

♥ The patient's enrollment to the program is dependent upon insurance authorization. The patient will continue under your direct clinical care throughout the program.

Physician's Name (Please Print): _____
License Number: _____ UPIN: _____ NPI: _____
Office Telephone: _____ Office Fax: _____
Physician's Signature: _____

The Joan and Joel Smilow Cardiac Rehabilitation Center, 240 East 38th Street, 16th Floor, New York, NY10016, (646) 501-9433/2237 http://nyulangone.org/locations/joan-joel-smilow-cardiac-prevention-rehabilitation-center