



CRPR



PO Box 308 | Newton, KS 67114

# Cardiac Rehabilitation Referral

In order to provide appropriate care, please fax the following to 316.804.6135 (please check)

- Patient demographics
- Order for Cardiac Rehab
- Recent H&P
- Recent lab results (lipids, HgA1C)
- Recent EKG, ECHO, and other cardiac studies
- Copy of patient's insurance card/s
- Recent operative or cardiac procedure reports

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Daytime) \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID # \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID # \_\_\_\_\_

Primary Physician: \_\_\_\_\_ NPI # \_\_\_\_\_

Referring Physician: \_\_\_\_\_ NPI # \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

## Criteria for admission into Cardiac Rehab (please check)

- Acute myocardial infarction (MI) within the preceding 12 months I20.1-I22.9
- Stable angina I20.8
- Coronary artery bypass graft (CABG) Z95.1
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting Z95.5
- Heart valve repair or replacement Z95.4
- Congestive failure (CHF) must have the following criteria:
  - left ventricular ejection fraction (EF) of 35% or less
  - NYHA class II-IV
  - Symptoms despite being on optimal heart failure therapy for at least 6 weeks
  - Stable as defined as a patient that has not had recent (<6 weeks) or planned (<6 months) major cardiovascular hospitalization or procedure

### FOR OFFICE USE ONLY

Patient Scheduled:

Yes - Date/Time: \_\_\_\_\_

No - Reason: \_\_\_\_\_

Phone: 316.804.6242

Fax: 316.804.6135