

## Cardiac Rehabilitation Referral

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

Phone: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

Insurance: \_\_\_\_\_

Cardiologist: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Please provide copies of the following:

- Recent H&P
- Recent lab results (lipids, Hgb A1C)
- Recent EKG, ECHO, Stress test or other Cardiac studies
- Demographic Information
- Recent operative or cardiac procedure report
- Order for Cardiac Rehab

**Referrals will be contacted by a clinical liaison and criteria assessed for the Cardiac Rehabilitation program.**

Thank you for your consideration,

Cardiac Rehabilitation  
Phone: 316-804-6242  
Fax: 316-804-6135