CRPR

NMC health

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

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Patient Scheduled:

Yes - Date/Time: _____

No - Reason: _____

Phone: 316.804.6242 **Fax: 316.804.6135**

Doc ID #19150