



Cardiopulmonary Rehab Patient Referral Form

ORDERING PROVIDER

Date: _____ Outpatient: Phase II Monitored _____ Outpatient: Phase III Unmonitored _____

Referring MD: _____

Phone #: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip: _____

Patient's Name: _____ Age: _____ DOB: _____

Phone #: _____ Cell #: _____

Health Insurance: #1 _____ Policy # _____

Health Insurance #2 _____ Policy # _____

Cardiac Rehabilitation:

M. I. _____ CABG _____ Stable Angina _____ PTCA Coronary Stent _____

Heart Valve Replacement/Repair _____ CHF _____ Other _____

Pulmonary Rehabilitation:

Chronic Bronchitis _____ COPD _____ Emphysema _____

Asthmatic Bronchitis _____ Asthma _____ Cystic Fibrosis _____

Pulmonary Fibrosis _____ Lung Surgery _____ Other _____

Please include the following with the signed referral:

1. Recent D/C summary or clinical note that describes recent event, cardiac/pulmonary
2. Current Medications
3. Resting EKG
4. PFT's for Pulmonary Rehabilitation

Special Instructions: _____

Physician Signature: _____ **Date/Time:** _____