ST. JOSEPH'S Hospital Health Center
7246 Janus Park Drive
Liverpool, NY 13088

Please Place Patient Label Here
DO NOT COVER BARCODE

11875

CARDIAC REHABILITATION PROGRAM

REFERRAL FORM

Patient's Name: _____ DOB: _____

Patient's Phone: _____

☐ CARDIAC REHABILITATION: Monitored and/or supervised exercise, education and counseling for rehabilitation and secondary prevention.

Diagnosis / Date:

- ☐ MI _____
- ☐ CABG _____
- ☐ Stable Angina _____
- ☐ + Stress Test _____
- ☐ PTCA/Stent _____
- ☐ CHF _____
- ☐ Cardiomyopathy _____
- ☐ AVR/MVR _____
- ☐ Pacer/AICD implant _____
- ☐ Heart transplant_____
- ☐ Other _____

☐ EARLY INTERVENTION: Supervised exercise, education and counseling for risk factor reduction and primary prevention.

Diagnosis:

- ☐ Hypercholesterolemia
- ☐ Hypertension
- ☐ Cigarette smoking
- ☐ Diabetes Mellitus
- ☐ Peripheral vascular disease
- ☐ Obesity
- ☐ Sedentary lifestyle
- ☐ Other _____

_____ _____

Physician's Signature Date

_____ _____

Physician's Name (please print or stamp) Phone

Please fax to (315) 458-5715 St. Joseph's Cardiopulmonary Rehabilitation Program.
For more information, please call (315) 458-7171.