Cardiovascular Consultants
SAINT LUKE'S MID AMERICA HEART INSTITUTE

- ❑ PLAZA
  4330 Wornall, Suite 2000
  Kansas City, MO 64111
  816-931-1883
  Fax 816-531-8947
- ❑ NORTH
  5844 NW Barry Road, Suite 230
  Kansas City, MO 64154
  816-931-1883
  Fax 816-587-4800
- ❑ SOUTH
  12330 Metcalf, Suite 280
  Overland Park, KS 66213
  816-931-1883
  Fax 913-491-3192
- ❑ LAWRENCE
  330 Arkansas, Suite 202
  Lawrence, KS 66044
  785-832-4000
  Fax 785-841-1604
- ❑ LEE'S SUMMIT
  20 NE Saint Luke's Blvd., Suite 110
  Lee's Summit, MO 64086
  816-931-1883
  Fax 816-554-3208

Patient ______________________________ DOB ______________

Address ______________________ City ______________ Zip ______________

Insurance ______________________________ Referral Required ❑ Yes ❑ No

Home Phone ______________________ Work Phone ______________________

Type of Evaluation Requested ❑ Physician Consult or ❑ Procedure Only ❑ Urgent Request

Please allow up to 72 hours for our office to contact patient for scheduling. All other requests should be marked urgent or called in to the scheduling department directly.

❑ Referral from Emergency Dept. ❑ Any available physician

SPECIALTY PHYSICIAN CONSULTATION

- ❑ Adult Congenital Heart Disease
- ❑ Athletic Heart Clinic
- ❑ Clinical Cardiology
- ❑ Coronary Intervention
- ❑ Electrophysiology
- ❑ Muriel I. Kauffman Women's Heart Center
- ❑ Heart Failure/Transplantation
- ❑ Peripheral Intervention

Indication for Testing and/or Consult (REQUIRED INFORMATION)

PROCEDURE REQUEST

Echo
- ❑ Complete Echo
- ❑ Exercise Stress Echo (Patient must be able to walk on treadmill)
- ❑ Dobutamine Stress Echo

Medical History/Risk Factors
- ❑ Known CAD
- ❑ CHF
- ❑ HTN
- ❑ Diabetes
- ❑ Hyperlipidemia
- ❑ Stroke
- ❑ Nicotine Use
- ❑ PVD
- ❑ Other ______________

Peripheral Vascular Imaging
- ❑ Ankle Brachial Indices (ABIs)
- ❑ Carotid Duplex Scan
- ❑ Abdominal Aortic Scan
- ❑ Renal Artery Scan
- ❑ Lower Extremity Arterial Scan ❑ Left ❑ Right ❑ Upper Extremity Arterial Scan ❑ Left ❑ Right

Nuclear Imaging/Radiological Imaging (PTs Height ________Weight ________)
- ❑ Myocardial Perfusion Imaging
  - ❑ Spect Exercise
  - ❑ PET Pharmacologic
- ❑ Muga Scan
- ❑ CardioScan (Coronary Calcium Scoring)
- ❑ CTA of:
  ❑ Coronary Arteries ❑ Renal Arteries ❑ Carotid Arteries ❑ Thorax ❑ Abdomen ❑ Abdomen and pelvis ❑ Lower extremity run-off

Cardiovascular Consultants will obtain precertification for testing if a copy of the most recent insurance card and medical records are sent with the referral form.

Miscellaneous
- ❑ Holter Monitor ❑ With Interpretation ❑ Without Interpretation
- ❑ 30 Day Event Monitor
- ❑ Treadmill Exercise Test (without imaging)
- ❑ Consult Preventive Cardiology Clinic
- ❑ Heart Failure Clinic

Additional Comments: ____

Referring Physician Signature ______________________ Date of Referral ______________

Telephone ______________________

Please send the following information to the appropriate Cardiovascular Consultants Fax.

- Most recent history and physical
- List of all medications and doses
- Most recent treadmill results
- Most recent lab results
- Most recent ECG
- Prior CV Procedures

(4.15)