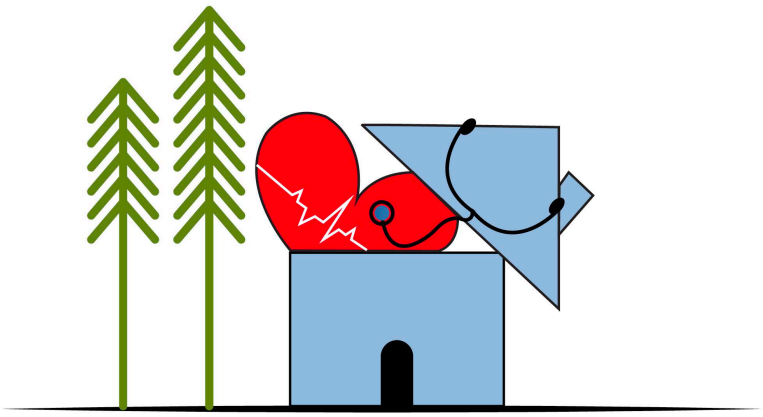

PONDEROSA HEART
HOUSE CALL CARDIAC CARE BUILT FOR THE HOME-BOUND

CONTACT US:
P: (480) 795-1515
F: (480) 597-1723
WWW.MYHEARTMYHOME.ORG

PATIENT DEMOGRAPHICS:
NAME:_____
DOB:_____PHONE:_____

REFERRING PROVIDER:
NAME:_____
PHONE:_____FAX:_____

CARDIOLOGY REFERRAL

CHECK ALL THAT APPLY:

RISK FACTORS:

- ☐ AGE:(♂> 65, ♀>55)
- ☐ FAMILY HISTORY
- ☐ OBESITY
- ☐ TOBACCO SMOKING
- ☐ HYPERLIPIDEMIA
- ☐ DIABETES
- ☐ HYPERTENSION
- ☐ PHYSICAL INACTIVITY

SIGNS & SYMPTOMS:

- ☐ CHEST PAIN/PRESSURE
- ☐ SHORTNESS OF BREATH
- ☐ PALPITATIONS
- ☐ LIGHTHEADED - DIZZINESS
- ☐ SWELLING IN THE EXTREMITIES
- ☐ SYNCOPE - PRE-SYNCOPE
- ☐ PAIN IN LEGS ☐ AT REST ☐ WITH WALKING
- ☐ JAW - NECK - LEG CLAUDICATION

CARDIAC CONDITIONS OR DIAGNOSIS:

- ☐ CORONARY ARTERY DISEASE (I25.10)
- ☐ ATRIAL FIBRILLATION/FLUTTER (I48.91, I48.92)
- ☐ PRIOR MYOCARDIAL INFARCTION (I25.2)
- ☐ PERIPHERAL VASCULAR DISEASE (I73.9)
- ☐ CONGENITAL HEART DISEASE (Q24.9)
- ☐ PACEMAKER/DEFIBRILLATOR (Z95.0, Z95.810)
- ☐ ARRHYTHMIA, NOS (I49.9)
- ☐ OTHER:_____
- ☐ CONGESTIVE HEART FAILURE (I50.9)
- ☐ CARDIOMYOPATHY (I42.0)
- ☐ VALVULAR HEART DISEASE
- ☐ VENOUS INSUFFICIENCY(I87.2)
- ☐ MYOCARDITIS (I40.9)
- ☐ HISTORY OF CVA/TIA (Z86, Z86.73)
- ☐ ANTICOAGULATION MANAGEMENT (Z79.01)

EVALUATE AND TREAT WITH PONDEROSA HEART HOUSE CALL

PROVIDER SIGNATURE: _____ **DATE:** _____

PLEASE FAX THE FOLLOWING DOCUMENTATION TO: (480) 597-1723

- ❖ PATIENT DEMOGRAPHIC/INSURANCE
- ❖ MOST RECENT PROGRESS NOTE(S)

IN MAKING THIS REFERRAL THE REFERRING PROVIDER CERTIFIES THAT CARDIOLOGY REFERRAL IS OF MEDICAL NECESSITY