



# Preventive Cardiology Referral Form



Patient Name: \_\_\_\_\_; MRN: \_\_\_\_\_

## Cardiac Rehabilitation

ECG monitored and supervised exercise and education for cardiac diseased patients  
Location: please choose location below and fax or mail form to appropriate site

## PREVENT: Prevention thru Exercise aNd EducaTion (formerly WOW)

Supervised exercise and education for cardiac, at-risk cardiac, PAD, diabetic, overweight, and other patients with chronic disease who benefit from exercise.

## External Counterpulsation Therapy (ECP)

For patients with Class III/IV angina (Canadian Cardiovascular Society Classification) who are not amenable to revascularization (PCI/CABG) due to inoperable condition, coronary anatomy not amenable to procedure, or co-morbid conditions preclude revascularization. Typical treatment is 90 min. per day, 5 days per week, for 7 weeks.

Location: Only available in Detroit at Center for Athletic Medicine (see bottom of form)

## Weight Management\*

Weight management is an intensive education and monitoring program with a variety of treatment options.

**\*If clinically indicated, do you approve of your patient beginning a very low calorie (VLCD) or meal replacement diet, and do**

**\*\* you agree to medically manage this patient during this time? (Feel free to call 313-972-1919 for more information)**

Yes  No

### BRIEF MEDICAL HISTORY (check all that apply):

Cardiac disease:  MI  PCI/stent  Bypass Surgery  CAD (non-revasc.)  CHF/CMY  Heart Transplant  
 Peripheral Artery Disease (PAD)  Diabetes  Obesity  Renal Disease  Other (\_\_\_\_\_)

Goals, restrictions or comments: \_\_\_\_\_

If patient is not a Henry Ford Patient, please send the patient's most recent ECG, stress test and/or recent clinic note. If a recent stress test has not been performed, we may schedule a test at our facility. This may be necessary for patients in a program that involves exercise. Please check "No" if you do not want us to perform a stress test at our location.  Yes  No

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

(please print clearly)

### Henry Ford Sites: (Check desired site)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>Henry Ford Medical Center-Livonia</b><br>29200 Schoolcraft<br>Livonia, Michigan 48150<br>(734) 523-8601<br>(734) 523-8602 (fax) | <input type="checkbox"/> <b>Henry Ford West Bloomfield Hospital</b><br>6777 West Maple Road<br>West Bloomfield, Michigan 48322<br>(248) 325-3335 (phone); (248) 325-3336 (fax) | <input type="checkbox"/> <b>Henry Ford Macomb</b><br>43401 Garfield, Suite A<br>Clinton Township, Michigan 48038<br>(586) 263-2781<br>(586) 263-2784 (fax)              |
| <input type="checkbox"/> <b>Henry Ford Wyandotte Hospital</b><br>2333 Biddle<br>Wyandotte, Michigan 48192<br>(734) 246-6977 (ph); (734) 246-9722 (fax)      | <input type="checkbox"/> <b>Center for Athletic Medicine (WCFCAM)</b><br>6525 Second Avenue<br>Detroit, Michigan 48202<br>(313) 972-1919 (ph); (313) 972-1921 (fax)            | <input type="checkbox"/> <b>Henry Ford Cottage Hospital</b><br>159 Kercheval Avenue<br>Grosse Pointe Farms, Michigan 48236<br>(313) 640-2582 (ph); (313) 640-2681 (fax) |

Please return form using appropriate site fax number given above OR send via Interdepartmental Mail to:

**Preventive Cardiology, WCFCAM**

NOTE: For **Cardiac Rehabilitation** fax to chosen site; For **ECP** fax to WCFCAM; For **Weight Management** fax to WCFCAM