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)
☐ Henry Ford Medical Center-Livonia
29200 Schoolcraft
Livonia, Michigan 48150
(734) 523-8601
(734) 523-8602 (fax)

☐ Henry Ford West Bloomfield Hospital
6777 West Maple Road
West Bloomfield, Michigan 48322
(248) 325-3335 (phone); (248) 325-3336 (fax)

☐ Henry Ford Macomb
43041 Garfield, Suite A
Clinton Township, Michigan 48038
(586) 263-2781
(586) 263-2784 (fax)

☐ Henry Ford Wyandotte Hospital
2333 Biddle
Wyandotte, Michigan 48192
(734) 246-6977 (ph); (734) 246-9722 (fax)

☐ Henry Ford Cottage Hospital
159 Kercheval Avenue
Grosse Pointe Farms, Michigan 48236
(313) 640-2582 (ph); (313) 640-2681 (fax)

☐ Center for Athletic Medicine (WCFCAM)
6525 Second Avenue
Detroit, Michigan 48202
(313) 972-1919 (ph); (313) 972-1921 (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

FORM 11-108 HFDC 11/06  Revised 12/17/09