

CARE NEW ENGLAND

Cardiovascular Care

Patient will be scheduled into one of the three listed locations based on availability of testing and ease of access for patient:

90 Plain Street- Providence

Phone: 401-681-4996

Fax: 401-921-6569

111 Brewster Street- Pawtucket

Phone: 401-729-2262

Fax: 401-729-3050

390 Toll Gate Road- Warwick

Phone: 401-681-4996

Fax: 401-921-6569

Patient Name _____ DOB _____

Male Female Primary Language _____ Interpreter Needed Yes No

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Primary Insurance _____ Policy # _____

<p>REFERRAL</p> <p><input type="checkbox"/> Consultation</p> <p><input type="checkbox"/> To a specific provider: _____</p> <p><input type="checkbox"/> Advanced Heart Failure Clinic</p> <p><input type="checkbox"/> Cardiac Arrhythmia Clinic</p> <p><input type="checkbox"/> Advanced Valvular Heart Disease Clinic</p> <p><input type="checkbox"/> Pulmonary Hypertension Clinic</p> <p><input type="checkbox"/> Adult Congenital Heart Disease Clinic</p> <p><input type="checkbox"/> Women's Cardiovascular Health Clinic</p>	<p>STRESS TESTING</p> <p><input type="checkbox"/> Stress Test (Regular exercise treadmill test)</p> <p><input type="checkbox"/> Nuclear Stress Test</p> <p><input type="checkbox"/> Exercise* (May be changed to pharmacologic if unable reach max predicted heart rate)</p> <p><input type="checkbox"/> Pharmacologic</p> <p>* Expectation that patient cannot exercise for 5 minutes</p> <p><input type="checkbox"/> Stress Echocardiogram</p> <p><input type="checkbox"/> Dobutamine</p> <p><input type="checkbox"/> With Definity contrast (IV)</p>	<p>TESTING – NON STRESS</p> <p><input type="checkbox"/> Transthoracic Echocardiogram</p> <p><input type="checkbox"/> Agitated Saline "Bubble study" (IV)</p> <p><input type="checkbox"/> With Definity contrast (IV)</p> <p><input type="checkbox"/> Electrocardiogram (ECG)</p> <p><input type="checkbox"/> Holter Monitor (May be extended prn, per Cardiologist)</p> <p><input type="checkbox"/> 24 Hour <input type="checkbox"/> 48 Hours</p> <p><input type="checkbox"/> Cardiac Event Monitor (1 month)</p> <p><input type="checkbox"/> Transesophageal Echocardiogram*</p> <p>*(needs Cardiology consult)</p> <p><input type="checkbox"/> Non-invasive Vascular Studies</p> <p><input type="checkbox"/> Ankle Brachial Indices</p> <p><input type="checkbox"/> With exercise treadmill test (ETT)</p> <p><input type="checkbox"/> Carotid Ultrasound</p> <p><input type="checkbox"/> Lower Extremity Ultrasound</p> <p><input type="checkbox"/> Graft <input type="checkbox"/> Stent</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input type="checkbox"/> Upper Extremity Ultrasound</p> <p><input type="checkbox"/> Graft <input type="checkbox"/> Stent</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input type="checkbox"/> Venous Insufficiency</p> <p><input type="checkbox"/> Cardiac CT</p> <p><input type="checkbox"/> Calcium Scoring</p> <p><input type="checkbox"/> Other: _____</p>
<p>STATUS</p> <p><input type="checkbox"/> STAT – As soon as possible</p> <p><input type="checkbox"/> Urgent (within 48 hours)</p> <p><input type="checkbox"/> First Available</p> <p><input type="checkbox"/> Elective</p>		

COMMENTS: _____

Ordering Provider: _____ cc _____

Office Phone _____ Pager/Cell _____

Signature _____ Date _____

DIAGNOSIS							
Diagnosis			Diagnosis			Diagnosis	
794.31	Abnormal ECG		436.0	CVA		782.3	Peripheral Edema
	Abnormal CV Exam*		250.00	Diabetes		416.0	Pulmonary Hypertension
794.30	Abnormal Treadmill		780.4	Dizziness		443.9	Peripheral Vascular Dse
424.1	Aortic Valve Disorder		786.09	Dyspnea		427.69	PVC
745.5	ASD		780.79	Fatigue/Malaise		426.51	Right Bundle Branch Block
786.51	A Typical Chest Pain		426.11	Heart Block 1st Degree		786.05	Shortness of Breath
427.31	Atrial Fibrillation		428.0	Heart Failure		427.81	Sick Sinus Syndrome
427.32	Atrial Flutter		785.2	Heart Murmur		785.0	Sinus Tachcardia
427.81	Bradycardia		426.2	Hemiblock		413.9	Stable Angina
429.3	Cardiomegaly		272.0	Hypercholesterolemia		412	Status Post MI
425.4	Cardiomyopathy		401.1	Hypertension Controlled		427.89	SVT
433.10	Carotid Artery Disease		401.0	Hypertension Uncontrolled		780.2	Syncope (pre)
785.9	Carotid Bruit		458.9	Hypotension		435.9	TIA
437.1	Cerebral Ischemic			Known Vascular Stenosis*		397.0	Disease of Tricuspid Valve
786.59	Chest Pain		426.2	Left Bundle Branch Block			Ulcer*
440.21	Claudication		428.1	Left Heart Failure		785.5	Unspecified Shock
426.0	Complete Heart Block		424.0	Mitral Valve Disorder		411.1	Unstable Angina
	Congenital Disease*		426.13	Mobitz 1			Valvular Heart Disease*
428.0	Congestive Heart Failure		426.12	Mobitz 2		427.1	V Tach
710.9	Connective Tissue Disease			Metabolic Syndrome*		OTHER:	
496.0	COPD		427.61	PAC			
414.01	Coronary Artery Dse ASHD		785.1	Palpitations			

*Please provide additional detail in the "OTHER" section provided

GENERAL STRESS TEST INSTRUCTIONS FOR PATIENTS: Talk to your doctor for more specific instructions

- Bring insurance cards and photo ID with you to the appointment
- Bring all of your cardiac medications with you to the appointment
- **NO** caffeine for 24 hours prior to your appointment
- Nothing to eat or drink 4 hours prior to your appointment
 - Depending on appointment time, you may have a light breakfast or lunch, as long as it is not within 4 hours of test
- If you are diabetic, make sure to discuss with your Physician what medications to take prior to testing
- If you are not diabetic, take all medications with a sip of water, unless otherwise instructed

TO REFERRING PHYSICIAN REQUESTING CONSULTATION:

Please include a copy of:

- 1) Latest office note
- 2) Updated medication list
- 3) Most recent ECG
- 4) Most recent labs

THANK YOU FOR YOUR REFERRAL- WE VALUE THE OPPORTUNITY TO PARTICIPATE IN THE CARE OF YOUR PATIENT

Affiliated with



BRIGHAM AND WOMEN'S
Cardiovascular Associates at Care New England