Cardiovascular Institute
Rhode Island Hospital • The Miriam Hospital
Newport Hospital
Lifespan. Delivering health with care.®

Vanderbilt Rehabilitation Center at Newport Hospital
Phone: 401-845-1179 • Fax: 401-845-1657

Risk Factor Reduction Program Physician Referral

Referral Available in LifeChart for Lifespan Physicians Under Procedure REF5104

PATIENT _____ DOB _____ / _____ / _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

INSURANCE (1) _____ ID# _____

INSURANCE (2) _____ ID# _____

DIAGNOSIS _____

ICD-10 CODE(S) _____

ONSET DATE _____

An exercise stress test **IS REQUIRED** for entrance into the Risk Factor Reduction program.

☐ Please perform at Newport Cardiac Rehab

☐ Results enclosed

☐ It has been scheduled for DATE_____
(please provide results)

I consent to have my patient participate in The Newport Hospital Risk Factor Reduction program.

NAME OF PHYSICIAN (PLEASE PRINT) _____ PHONE: _____ FAX: _____

DATE: _____ TIME: _____ MD SIGNATURE: _____

For NON-LIFESPAN Physicians

Please forward recent discharge summary, cath report, office note, EKG, lipid profile, recent echo, and exercise stress test to:

Newport Cardiac Rehab at 401-845-1657