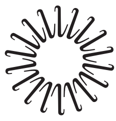

Cardiovascular Institute
Rhode Island Hospital • The Miriam Hospital
Newport Hospital
Lifespan. Delivering health with care.®

The Center for Cardiac Fitness at The Miriam Hospital
208 Collyer Street, 2nd Floor • Providence, RI 02904
Phone: 401-793-5810 • Fax: 401-793-5815

Cardiac Rehabilitation Physician Referral

Referral Available in LifeChart for Lifespan Physicians Under Procedure REF5054

PATIENT ______________________________ DOB ____ / ____ / ____

ADDRESS ______________________________

CITY ____________________ STATE __________ ZIP __________

HOME PHONE ____________________ CELL PHONE ____________________

INSURANCE (1) ____________________ ID# ____________________

INSURANCE (2) ____________________ ID# ____________________

DIAGNOSIS: ____________________

ICD-10 CODE(S): ____________________

ONSET DATE ____________________
Insurance may cover for up to 1 year from event

Eligible diagnoses include: MI, PCI, Stable angina, Valve repair & replacement, Heart transplant, S/P CABG, Systolic heart failure with an EF ≤ 35%

An entrance and discharge exercise stress test **IS REQUIRED** for cardiac rehab participation.

- ☐ Please perform at the Center for Cardiac Fitness
- ☐ Results enclosed
- ☐ It has been scheduled for DATE __________
  (please provide results)

I consent to have my patient participate in the Center for Cardiac Fitness Cardiac Rehabilitation Program at The Miriam Hospital.

NAME OF PHYSICIAN (PLEASE PRINT) ____________________ PHONE: __________ FAX: __________

DATE: __________ TIME: __________ MD SIGNATURE: ____________________

For NON-LIFESPAN Physicians

Please fax recent discharge summary, cath report, office note, EKG, lipid profile, recent echo, and post-event exercise stress test to:

The Center for Cardiac Fitness at 401-793-5815