## Memorial Hermann Health System Cardiac Rehabilitation Referral

## **Patient Referral Form**

Patient Name:	Patient DOB:				
Phone #1:	Phone #2:				
Diagnosis					
☐ Myocardial Infarct	□ CABG	☐ PTCA/STENT		☐ Stable	Angina
☐ Heart Valve Surgery	Type:	Heart T	ransplant	□ LVAD	
☐ CHF (class II to IV with	EF less than 35% and at	least six weeks of HF t	herapy) 🗆 I	PAD/PVD	
☐ Other:			<del></del>		
ICD 10 Code					
Risk Stratification:   Lo					
EF%					
Treatment Plan					
☐ Phase II Monitored ☐	Phase III Non-Monitored	l (*Not available at all lo	cations) [	SET for PA	4D
including but not limited to scheduling, reminders, and medication refills; (2) em reminders, and medication referrals; and (3) other information regarding my her wish to revoke this consent, they may contact Memorial Hermann at 713-222-C		are, billing and health related services (2273) or opt out directly after receipt	es and benefits. I have instructed the patient if they of of communication.    AM  PM		
Provider Signature	Print Name	NPI/MHHS ID.	Date	Γime C	ontact No.
Provider Address					
	FACILIT	Y LOCATION			
Heart and Vascular Institute Memorial City 915 Gessner Rd, Ste 420 Houston, TX 77024 P 713-242-4813 F 713-242-4823	Southwest	nt St., 1st fl Pavilion 27074 48	Heart and Vascular Institute Texas Medical Center 6414 Fannin St., Ste G-100 Houston, TX 77030 P 713-704-5805 F 713-704-6358		
Greater Heights 1635 North Loop West Houston, TX 77008 P 713-867-2541 F 713-867-4314	Northeast 18951 N. Memorial Dr. Humble, TX 77338 P 281-540-7973 F 281-319-5739	Southeast 11800 Astoria Blvd. Houston, TX 77089 P 281-929-4785 F 281-929-4736	The Woodlands 9180 Pinecroft Dr., Ste.130 The Woodlands, TX 77380 P 713-897-2790 F 713-897-5776		



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