R.E. Olds Anderson - Cardiac Rehabilitation

OUTPATIENT EXERCISE & EDUCATION PROGRAM
PHYSICIAN REFERRAL & AUTHORIZATION FORM

Date of Referral: _____ Contact Person: _____

Referring Physician: _____ Physician's Number: _____

J Phase 2	Supervised and Monitored Exercise Sessions - Insurance **may cover** for up to 1 year or 18-36 visits.
J Phase 3	Supervised Exercise Sessions - **Not covered by insurance** - Patient pays for all start up and monthly fees.

Patient Name:

Address:

City / State / Zip Code:

Patient Phone Number: Insurance:

Diagnosis: Most Insurances will only cover Phase 2 IF the event was with in the last 12 months.

- ☐ Myocardial Infarction Onset date: _____
- ☐ Stent Placement Onset date: _____
- ☐ Coronary Artery Bypass Graft Onset date: _____
- ☐ Valve Surgery Onset date: _____

IF diagnosis is other than the above choices insurance will likely **not cover** Cardiac Rehab Phase 2.

- ☐ Other: _____ Onset date: _____

If your records indicate **no contraindications** for cardiac rehabilitation, please sign the authorization allowing your patient to start the program. Please feel free to contact us at any time for a progress update. You will be sent midpoint and discharge report.

I consent to have my patient participate in the Cardiac Rehab Program at Ingham Regional Medical Center.

Physician's Signature: _____

Physician's Name (please print): _____

Please indicate your preference in handling the following tests:
(All are required to enter Phase 2 Cardiac Rehab.)

Cardiac Rehabilitation **Pre** Program Risk Factor Assessment Requirements		
Exercise Stress Test (must be post event / procedure)	**Lipid Panel**	**FBS (HbA1c if diabetic)**
☐ Results enclosed	☐ Sending results	☐ Sending results
☐ Physician's office will order/fax copy of results to cardiac rehab.	☐ Physician's office will order.	☐ Physician's office will order.
☐ Please order at MGL. There is no known contraindication to this test.	☐ Please order at MGL.	☐ Please order at MGL.
☐ Stress testing is contraindicated at this time.		

Thank you for your referral to IRMC Cardiac Rehabilitation program. Medical Director: Michael James, DO

Fax Completed Form to (517) 975-7062

401 W. Greenlawn Avenue Lansing, Michigan 48910 Phone: (517) 975-6000