GIRARD Medical Center
Outpatient Cardiac Rehab
Phone: 620-724-5126
Fax: 620-724-5127

Patient Information: **Date:**

Patient Name: _____ Date of Birth: _____

Address: _____

(City) (State) (Zip Code)

Phone: _____

Patient SS#:_____ Sex: M☐ F☐

Diagnosis:

Post MI – within last year

☐- 121.01 STEMI L main coronary artery
☐- 121.02 artery L anterior descending coronary artery
☐- 121.09 other coronary artery – anterior wall
☐- 121.11 R coronary artery
☐- 121.19 other coronary artery – inferior wall
☐- 121.21 L circumflex coronary artery
☐- 121.29 other sites
☐- 121.3 unspecified sites

Post CABG

☐- 125.5 Ischemic cardiomyopathy
☐- 125.811 Atherosclerosis of native coronary artery transplanted heart- w/o angina pectoris
☐- 125.812 Atherosclerosis of bypass graft of transplanted heart- w/o angina pectoris
☐- 125.89 Other forms of chronic ischemic heart disease
☐- 125.9 Chronic ischemic heart disease, unspecified
☐- Z95.1 Aortocoronary bypass graft

Stable Angina Pectoris

☐- 120.1 Prinzmetal Angina Pectoris
☐-120.8 Other forms of Angina Pectoris
☐- 120.9 Angina Pectoris - unspecified

Post Heart Valve Transplant

☐- Z94.1 Heart transplant status
☐- Z94.3 Heart and lungs transplant status

Post Valve Repair or Replacement

☐- Z95.4 Presence of other heart-valve replacement

Post PTCA and/or PTCA/Stent

☐- Z95.5 Coronary angioplasty implant graft
☐- Z98.61 Coronary angioplasty status

Other

☐- _____
ICD-10 Code

Secondary Diagnosis:

☐Hypertension ☐Hyperlipidemia ☐ Obesity ☐Diabetes ☐Congestive Heart Failure

Social History:

Tobacco: ☐ Current ☐Quit ☐Never Packs per day:_____

Type: ☐Cigarette ☐Cigar ☐Pipe ☐ Smokeless Tobacco

Physician Referral:

☐ **I have examined the patient listed above and determined that his/her admission into the Cardiac Rehabilitation Program is medically necessary.**

Physician's Name (please print):_____

Physician's Signature:_____ Date:_____ Time:_____

Office Phone#: _____ Office Fax#:_____

Please fax copy of cardiac stress test results, labs, medical history, face sheet, last progress note, and medication list to 620-724-5127.