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# Cardio Medical Consultants Group

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CardioMedicalConsultants.com

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## Physician Referral Form Women's Cardiovascular Disease Center

| | |
|---|---|
| Patient Name:<br><br>Date of Birth:<br><br>Phone:<br><br>Reason for Referral: | **Referring Physician**<br>Name:<br><br>Address:<br><br>Phone/ Fax:<br><br>Email:<br><br>Date of Request: _____<br>REPORT PREFERENCE: ☐ FAX ☐ MAIL ☐ EMAIL |

**What we do:**

- Routine Cardiovascular Risk Evaluation and Screening*
- Pre-pregnancy or Peripartum Screening
- Perimenopausal Screening and Treatment/HRT Risk Assessment
- Evaluation and treatment of high blood pressure, high cholesterol, symptoms of heart disease, arrhythmias, coronary artery disease, valvular heart disease, heart failure, peripheral vascular disease, congenital heart disease
- Cardiac screening for high-risk conditions such as rheumatologic disease, diabetes, obesity, polycystic ovarian disease, post-menopausal status

**To assess a 10-year risk for a first atherosclerotic cardiovascular disease (ASCVD) event (as recommended by the 2013 ACC/AHA guidelines) a FASTING LIPID PANEL is necessary. Please have the patient perform a FLP prior to their appointment if one has not been done within the last year.*

**Services Provided:**

Cardiovascular Consult
Electrocardiogram
Holter Monitor
Stress Echocardiogram
SPECT Nuclear Scan
Pacemaker/AICD Interrogation
Carotid Ultrasound
External Counter Pulsation (ECP) Therapy
Echocardiogram
Ankle-Brachial Index
Peripheral Arterial and Venous Ultrasound
Heart Catheterization
Coronary Angioplasty and Stents
Peripheral Angioplasty and Stents
Pacemaker Implantation

**Please send patient demographics, last doctor notes, electrocardiogram if available, medication list and labs. Thank you for your assistance in providing these documents. Please call us with any questions.**

**For more referral forms see our website, CardioMedicalConsultants.com**