

**Lansing
Cardiovascular
Consultants, P.C.**



**Same Day
HeartCare**

YOUR CARDIOLOGY CLINIC, ON DEMAND

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CONSULTATIVE CARDIOLOGY • NON-INVASIVE CARDIOVASCULAR PROCEDURES • CARDIAC CATHETERIZATION & ANGIOPLASTY
PERIPHERAL ANGIOGRAPHY & ANGIOPLASTY • ENDOVASCULAR VENOUS LASER ABLATION

PATIENT REFERRAL

_____ URGENT (SAME DAY **HEARTCARE**)
_____ ROUTINE (LCC)

Date: _____

Patient Name: _____ DOB: _____

Patient Phone Number: _____ Cell: _____

Address: _____

Insurance: _____ Policy: _____ Group: _____

Secondary Insurance: _____ Policy: _____ Group: _____

Referring Practice Name: _____

Referring Physician: _____

***Prior to testing to determine appropriateness, these tests will require a new patient consultation or office visit for established patients. ***

- | | | | | |
|---|--|--|--------------------------------|--|
| <input type="checkbox"/> Consult | <input type="checkbox"/> Surgical Clearance | <input type="checkbox"/> Follow Up Visit | <input type="checkbox"/> EVLT | <input type="checkbox"/> *Exercise Stress Test |
| <input type="checkbox"/> Stress Cardiolute | <input type="checkbox"/> *Lexiscan Stress Test | <input type="checkbox"/> *Stress Echo Test | <input type="checkbox"/> TEE | <input type="checkbox"/> *Echocardiogram |
| <input type="checkbox"/> Carotid Ultrasound | <input type="checkbox"/> Arterial Ultrasound | <input type="checkbox"/> Venous Ultrasound | <input type="checkbox"/> *EECP | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Event Monitor/ACT | <input type="checkbox"/> Holter Monitor | <input type="checkbox"/> Pacemaker/ICD Check | | |

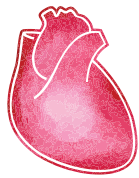
Diagnosis:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Angina Pectoris | <input type="checkbox"/> Dyspnea | <input type="checkbox"/> CHF |
| <input type="checkbox"/> Pre-Surgical | <input type="checkbox"/> Known CAD | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hyperlipidemia |
| <input type="checkbox"/> Cardiomegaly | <input type="checkbox"/> TIA/CVA | <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Palpitation |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Syncope | <input type="checkbox"/> Pre-Syncope |
| <input type="checkbox"/> Dizziness/Vertigo | <input type="checkbox"/> Carotid Bruit | <input type="checkbox"/> Ulcer | <input type="checkbox"/> Known PAD |
| <input type="checkbox"/> Claudication | <input type="checkbox"/> Abnormal EKG | <input type="checkbox"/> Edema/Pain | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Pulmonary Embolism | <input type="checkbox"/> DVT Follow Up | <input type="checkbox"/> Family History | <input type="checkbox"/> Known Carotid Disease |
| <input type="checkbox"/> Other: _____ | | | |

PLEASE FAX THIS FORM ALONG WITH THE PATIENT'S PERTINENT REPORTS INCLUDING OFFICE NOTES, EKGs, LABS, RADIOLOGY AND ALL CARDIAC TESTING. WE WILL CONTACT THE PATIENT REGARDING THE APPOINTMENT DATE, TIME, LOCATION AND ALL THE NECESSARY PRE-TEST PREPARATIONS.



3413 Woods Edge • Okemos, Michigan 48864 • 517.349.3303 • Fax 517.349.0828
2380 Cedar Street • Suite 100 • Holt, Michigan 48842 • 517.742.4900 • Fax 517.699.2901



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For a referral during clinic hours (8:00 am - 5:00 pm, Mon.- Fri.), please call our office at (517) 349-3303 or 349-2223 and we will promptly arrange an appointment. For a referral after hours, fax this form and all pertinent records to (517) 349-0828. Have the patient call (517) 349-3303 or 349-2223 at 8:00 am and appropriate arrangements will be made.

Please give all patients our instruction sheet and ask they follow the instructions exactly. It is to prepare all patients for any needed studies, including stress testing. Each patient will be assessed and the appropriate study(s) then performed. Patients without insurance need to be aware of the expense they may incur, and may be best served with inpatient management where additional financial assistance is more accessible. We accept most insurance plans; if any questions, please call our billers at 517-349-3303 (ext. 18)

INSTRUCTIONS TO PATIENTS

If your condition worsens before your appointment, please go to the nearest hospital Emergency Department or call 911.

You will be evaluated by one of our cardiovascular care providers and appropriate testing will be determined. Some patients may have testing first, if this was arranged when you were referred. Please be aware that the scheduling may vary somewhat and your patience is appreciated. Discuss any of your needs with our staff and we will do all we can to make your visit comfortable. Bring all of your medications and your insurance cards. Any papers you were given by your doctor may be useful to us, so please include them. As the initial evaluation may take up to 3-4 hours, please make appropriate time adjustments for your proper and efficient assessment.

As many patients will require office testing, the following general guidelines will be required:

- No caffeine or caffeine free coffee, soda or chocolate for 12 hrs before testing.
- No food for at least 4 hours before your appointment. Water to drink is fine.
- Wear comfortable clothing. Short sleeves and walking shoes are necessary.
- If you are unable to walk on a treadmill, inform our scheduler so that you may be scheduled for a non-walking chemical stress test. (You will still need to follow all of the other instructions.)
- Hold medications containing Dipyridamole (such as Persantine) or Theophylline (such as Theo-Dur or Uniphyll) for 24 hours prior to the appointment and tests.
- If you use inhalers, please bring them with you.
- For diabetics:
 - 1) Take your oral medications as prescribed.
 - 2) Take half of your usual insulin on the day of your appointment.

Please visit our website at lansingcardio.com and click on the link for map and directions to our office. Call (517) 349-3303 or 349-2223 if further assistance is needed.