

# Legacy Cardiac Rehabilitation

## Physician Referral Form



### Check one location for your referral

- Legacy Emanuel Medical Center • Phone: 503-413-4353 • Fax: 503-413-4661
- Legacy Good Samaritan Medical Center • Phone: 503-413-6723 • Fax: 503-413-6768
- Legacy Meridian Park Medical Center • Phone: 503-692-2548 • Fax: 503-692-7692
- Legacy Mount Hood Medical Center • Phone: 503-674-1564 • Fax: 503-674-1356
- Legacy Salmon Creek Medical Center • Phone: 360-487-3770 • Fax: 360-487-3779
- Legacy Silverton Medical Center • Phone 971-983-5212 • Fax 503-944-6813

*All locations are hospital outpatient departments.*

Patient name _____	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Unknown
Phone _____	Date of birth (mm/dd/yyyy) _____		

<b>Cardiac Rehabilitation Program: Phase II (CPT code 93798)*</b>
Diagnosis:
<input type="checkbox"/> CAD/stable angina <input type="checkbox"/> MI <input type="checkbox"/> CABG <input type="checkbox"/> Stent/PTCA <input type="checkbox"/> TAVR <input type="checkbox"/> Valve surgery <input type="checkbox"/> LVAD <input type="checkbox"/> Heart transplant
<input type="checkbox"/> Chronic HF systolic <input type="checkbox"/> Other: _____
ICD10 Code _____

<b>Cardiac and Pulmonary Rehabilitation Wellness</b>
Following Phase II cardiac rehab, patients may participate in our medically supervised, self-pay wellness program to continue their cardiovascular fitness and education.
I agree to have my patient participate in the Legacy Cardiac Rehabilitation Program:
Referring physician _____ Clinic name _____
Phone _____ Fax _____
Physician signature _____ Date _____

Legacy Cardiac Rehabilitation provides closely monitored, progressive exercise therapy following American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) guidelines and protocols.

We follow ACLS protocol for the onset of chest pain, hypotension, arrhythmias, hypoxemia.

*\*Pre-authorization may be required*