

# Legacy Cardiac Rehabilitation

## Physician Referral Form



### Check one location for your referral

- 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

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

**Cardiac Rehabilitation Program: Phase II (CPT code 93798)\***

Diagnosis:

CAD/angina     MI     CABG     Stent/PTCA     Valve surgery     Heart transplant

Other: \_\_\_\_\_

**Cardiac and Pulmonary Rehabilitation Wellness**

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*