

Cardiac Rehab Program

10 Healthy Way
Ellenville, NY 12428

(845) 647-6400 ext 292



Rehabilitation and Wellness Physician Referral Form

Date _____

Patient's name _____ DOB _____

Address _____

City _____ State _____ ZIP _____

Phone (home) _____ Phone (work) _____

Email _____

Healthcare provider _____ Cardiologist _____

Primary Diagnosis Initiating Referral (check one)

Post myocardial infarction (site, date, complications)

Post coronary angioplasty (date, artery)

Post coronary artery bypass graft (date, number of grafts)

Cardiac Risk Profile

Hypertension

Diabetes

Family history of coronary disease

Hyperlipidemia

Smoking

Obesity

EST done since event Yes No

Medications _____

Allergies _____

I recommend that the above named patient participate in the Ellenville Regional Hospital Phase II Cardiac Rehabilitation Program.

Provider Signature

Date