

## The Center for Cardiac Fitness at The Miriam Hospital

208 Collyer Street, 2nd Floor • Providence, RI 02904 Phone: 401-793-5810 • Fax: 401-793-5815

## HEALTH FOR LIFE PRIMARY PREVENTION PROGRAM

## Referral Available in LifeChart for Lifespan Physicians Under Procedure REF5088

PATIENT	D	OB/	/
ADDRESS			
CITY	STATE	ZIP	
1. PRIMARY PREVENTIONICD-10	4. WEIGHT MANAGEMENT		ICD-10
<ul> <li>No prior cardiac event or interventions, cardiac risk factors only</li> </ul>	☐ Participant in TMH W	Veight Managemen	t Program
2. CARDIAC MAINTENANCE/ ICD-10	5. VASCULAR		ICD-10
2. CARDIAC MAINTENANCE/ICD-10 PULMONARY MAINTENANCE	☐ Post-op to periphera	l stenting	
☐ Cardiac event or intervention > one year	☐ Peripheral Bypass		
☐ Arrhythmia and/or pacemaker and/or ICD	☐ Exercise as treatment	t for claudication	
☐ Following a Pulmonary program			
3. BARIATRIC			
Pre ProcedureICD-10			
☐ Weight loss regimen prior to surgery			
Post ProcedureICD-10			
☐ Lap Band			
☐ Gastric Bypass			
☐ Sleeve procedure			
An exercise stress test <b>IS REQUIRED</b> for entrance into the He	ealth for Life Primary Preventi	on Program.	
☐ Please perform at the Center for Cardiac Fitness			
☐ Results enclosed			
☐ It has been scheduled for ☐ DATE(please provide results)			
NAME OF PHYSICIAN (PLEASE PRINT)	PHONE:	FAX:	
DATE: TIME: MD SIG	NATURE:		

Please forward recent office note, EKG, lipid profile and post-event exercise stress test to:

The Center for Cardiac Fitness at 401-793-5815