



# Low Cardiovascular Group

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## PATIENT REFERRAL INFORMATION FORM

### Patient Information

Name:	Date of Service:
Home/Cell Number:	Referring Physician/Facility:
Date of Birth:	Insurance Company:
BWH/MGH MRN:	Member ID:
SSN:	Patient Weight:

### Test To Be Scheduled

Stress Test		Echo		Vascular		Cardiac Monitoring	
<input type="checkbox"/>	Treadmill (ETT)	<input type="checkbox"/>	Echocardiogram	<input type="checkbox"/>	Carotid Ultrasound	<input type="checkbox"/>	Holter (24 hrs)
<input type="checkbox"/>	Stress Echocardiogram			<input type="checkbox"/>	Abdominal Aorta Ultrasound	<input type="checkbox"/>	Holter (48 hrs)
<input type="checkbox"/>	Nuclear Treadmill			<input type="checkbox"/>	LE Arterial Ultrasound	<input type="checkbox"/>	Event Monitor
<input type="checkbox"/>	Nuclear Pharmacological			<input type="checkbox"/>	ABI/Full Scan		
<input type="checkbox"/>	Cardiopulmonary Stress			<input type="checkbox"/>	LE Venous Ultrasound		
				<input type="checkbox"/>	Renal Arterial Ultrasound		

### Reason For Scheduling

#### Stress Test

<input type="checkbox"/>	To evaluate a patient with signs or symptoms (chest pain, SOB, syncope, exertional fatigue, etc) suggestive of CAD
<input type="checkbox"/>	Evaluation of a patient with chest pain, an uninterpretable or equivocal ECG change, or unable to exercise
<input type="checkbox"/>	Detection of CAD in a patient with new-onset CHF or LV systolic dysfunction
<input type="checkbox"/>	To evaluate a patient in whom silent ischemia is considered highly probable (eg diabetic)
<input type="checkbox"/>	Evaluation of disease in a patient with a known calcium Agaston score > 400
<input type="checkbox"/>	Other:

#### Echo

<input type="checkbox"/>	Heart murmur
<input type="checkbox"/>	LV/RV function
<input type="checkbox"/>	Cardiomyopathy
<input type="checkbox"/>	CHF
<input type="checkbox"/>	Arrhythmia
<input type="checkbox"/>	Pericardial disease
<input type="checkbox"/>	Valvular heart disease
<input type="checkbox"/>	Prosthetic valve
<input type="checkbox"/>	Congenital heart disease
<input type="checkbox"/>	Endocarditis
<input type="checkbox"/>	Other:

#### Vascular

<input type="checkbox"/>	Carotid bruit
<input type="checkbox"/>	TIA/CVA
<input type="checkbox"/>	Carotid stenosis
<input type="checkbox"/>	Follow up surgery/PCI
<input type="checkbox"/>	Claudication
<input type="checkbox"/>	Lower extremity vascular disease
<input type="checkbox"/>	Abdominal bruit
<input type="checkbox"/>	Renal artery stenosis
<input type="checkbox"/>	Abdominal aneurysm
<input type="checkbox"/>	DVT
<input type="checkbox"/>	Other:

#### Cardiac Monitoring

<input type="checkbox"/>	Palpitations
<input type="checkbox"/>	Tachycardia
<input type="checkbox"/>	Arrhythmia
<input type="checkbox"/>	Atrial fibrillation
<input type="checkbox"/>	Other:

#### Appointment

<input type="checkbox"/>	Test only
<input type="checkbox"/>	Consult only
<input type="checkbox"/>	Both test and consult

#### Consult With

<input type="checkbox"/>	Brian Bilchik, MD
<input type="checkbox"/>	Charles Blatt, MD
<input type="checkbox"/>	Dara Lee Lewis, MD
<input type="checkbox"/>	Shmuel Ravid, MD, MPH
Nutrition Counseling With:	
<input type="checkbox"/>	Beth Reardon

#### Reason For Consultation

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#### Physician Signature:

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Please email the completed and signed form to [info@lowngroup.org](mailto:info@lowngroup.org) or fax to 617-734-5763. If you have any questions about which is the most appropriate stress test, please do not hesitate to call the Lown Group and speak directly to one of our physicians.