



Request for advanced heart care

Date _____

Patient name _____ Date of birth _____

Preferred phone and contact for patient _____

Referring provider(s) _____

Group practice name _____ Office contact _____

Office phone _____ Office fax _____

Provider requested _____

Appointment priority

- Urgent (less than two weeks)
- First available
- Other _____

Preferred locations

(An earlier appointment at another location will be offered if necessary)

- | | |
|--|---|
| Richmond: | <input type="checkbox"/> Colonial Heights |
| <input type="checkbox"/> VCU Medical Center (downtown) | <input type="checkbox"/> Fredericksburg |
| <input type="checkbox"/> Reynolds Crossing | <input type="checkbox"/> South Hill |
| <input type="checkbox"/> Stony Point 9000 | <input type="checkbox"/> Tappahannock |
| | <input type="checkbox"/> Williamsburg |

Services requested

- | | | |
|--|--|---|
| <input type="checkbox"/> General heart failure | <input type="checkbox"/> Amyloidosis | <input type="checkbox"/> Sarcoidosis |
| <input type="checkbox"/> Advanced heart failure
(VAD or transplant) | <input type="checkbox"/> Genetic cardiomyopathy | <input type="checkbox"/> Heart failure device evaluation
(Barostim, CardioMEMs, CCM) |
| | <input type="checkbox"/> Hypertrophic cardiomyopathy | |

Other comments _____

Due to the complexity of certain conditions, if upon receipt of the patient's medical records a different specialist would be of better service to the patient, we will plan accordingly and let you know. **To expedite patient evaluations, please fax this form along with the following:**

- Patient's contact and demographic information
- Copy (front and back) of insurance card (specify primary if multiple cards provided)
- We will contact the patient to schedule an appointment
- Contact info for referring provider and those that need to receive consultation results
- All notes from last two to three office visits
- All cardiac test reports — ECHO, catheterization, stress
- All lab reports from last two months
- Any imaging reports (CXR, CT, MRI)

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