



Referral Form

We are happy you have chosen Saint Luke's Cardiovascular Consultants. To ensure the highest quality of patient care and customer service, please complete this form in its entirety.

Scheduling Phone: 816-751-8445

Fax: 816-751-8620

Saint Luke's Hospital
4330 Wornall Rd
Suite 2000
Kansas City, MO 64111

Saint Luke's North
5844 NW Barry Rd
Suite 230
Kansas City, MO 64154

Saint Luke's South
12330 Metcalf Ave
Suite 280
Overland Park, KS 66213

Saint Luke's East
20 NE Saint Luke's Blvd
Suite 240
Lee's Summit, MO 64086

Patient Information

Full Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Contact Phone: _____ Insurance: _____

For Office Use Only – Scheduling Request

Type of evaluation requested:

- | | |
|---|--|
| <input type="checkbox"/> Cardiology Consult | <input type="checkbox"/> Peripheral Intervention |
| <input type="checkbox"/> Adult Congenital Heart Disease | <input type="checkbox"/> Electrophysiology |
| <input type="checkbox"/> Athletic Heart Clinic | <input type="checkbox"/> Heart Failure |
| <input type="checkbox"/> Coronary Intervention | <input type="checkbox"/> Preventive Cardiology Consult |

Reason for Consult (required): _____

Other Orders:

- | | | |
|---|--|---|
| <input type="checkbox"/> Holter Monitor | <input type="checkbox"/> 24 Hour | <input type="checkbox"/> 48 Hour |
| <input type="checkbox"/> 30 Day Event Monitor | <input type="checkbox"/> With Interpretation | <input type="checkbox"/> Without Interpretation |
| <input type="checkbox"/> EKG Only | | |

History/Risk Factors: CAD CHF HTN Diabetes Hyperlipidemia Stoke Nicotine PVD Other _____

Please send the following information to fax 816-751-8620.

- | | |
|----------------------------------|---------------------------------|
| Most recent history and physical | Most recent lab results |
| Medication List | Most recent EKG |
| Most recent treadmill results | Prior cardiovascular procedures |

Referring Physician Signature _____ Date _____

Phone _____ Additional Comments: _____