



THE UNIVERSITY OF KANSAS HOSPITAL

CARDIOLOGY PATIENT APPOINTMENT/CONSULTATION REQUEST FORM

Fax completed form to the Consultation and Referral Services Center at 913-588-5785. For questions call 913-588-5862 or 877-588-5862.

Table with 2 columns: Kansas Office Locations and Missouri Office Locations. Lists various office addresses in Kansas and Missouri.

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_
Height \_\_\_\_\_ (in.) Weight \_\_\_\_\_ (lbs) Does pt. have central line access? [ ] No [ ] yes, Type \_\_\_\_\_
Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Address: \_\_\_\_\_
Primary Insurance: \_\_\_\_\_ Secondary Insurance \_\_\_\_\_

Type of evaluation requested: \_\_\_\_\_ Consult with Cardiologist \_\_\_\_\_ Procedure only (complete type below)
IMMEDIATE (within 24 hours) NO YES (reason for urgency) \_\_\_\_\_ ROUTINE (next available) YES NO

X DIAGNOSIS/INDICATION IS REQUIRED PRIOR TO PATIENT BEING SCHEDULED:
Diagnosis Code (Indications): \_\_\_\_\_

Echocardiography: check all that apply
[ ] 2D Echo + Doppler [ ] Exercise Echo + Doppler [ ] Dobutamine\*\* Stress Echo Doppler
[ ] 2D Echo ONLY [ ] Exercise Echo (without Doppler) [ ] Dobutamine\*\* Stress Echo (without Doppler)
[ ] Bicycle Exercise Echo (complete echo w/ Doppler at rest and during exercise, PAP, valve gradients)
Specify: if to be completed with a complete resting echo \_\_\_\_\_

\*\*Preparation for Dobutamine Stress Echo: 4 hours prior to procedure clear liquids only: 2 hours prior to procedure no food or beverage by mouth
THIS SECTION MUST BE COMPLETED. Please check the box next to the condition as it pertains to this patient.
[ ] Pulmonary Hypertension [ ] Acute pulmonary hypertension [ ] Acute coronary syndrome [ ] Serious ventricular arrhythmia
[ ] Worsening or unstable congestive heart failure [ ] Respiratory failure

Peripheral Vascular Imaging: check all that apply
[ ] Carotid Duplex Scan [ ] Abdominal Aortic Scan (Patient must be NPO)
[ ] Renal Artery Duplex Scan (Patient must be NPO) [ ] ABI's - ONLY \*\*ABI's must be performed w/in 90 days of arterial imaging
[ ] Lower Extremity Venous Scan ( L [ ] R [ ] ) [ ] Complete Lower Arterial Duplex [incl. abi's, aorta, iliacs and both legs] (Patient must be NPO)
[ ] Lower Extremity Arterial Scan ( L [ ] R [ ] )

Nuclear Imaging: check all that apply (NPO after midnight and No caffeine 24 hours before Thallium Tests)
[ ] Exercise Thallium [ ] Regadenoson Thallium [ ] Adenosine Thallium
[ ] RVG (MUGA) Scan [ ] Dobutamine Thallium

Cardiac CTA: [ ] Cardiac MRI: [ ]

Electrocardiography: check all that apply
[ ] Resting EKG [ ] Event Recorder-Please circle: (Looping or Non-Looping) [ ] Tilt Table Test
[ ] Treadmill EKG (without imaging) [ ] Holter Monitor ( w/ interp. \_\_\_\_\_ , w/o interp. \_\_\_\_\_ )

X Ordering Physician (print) \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Ordering Physician (sign) \_\_\_\_\_ Date \_\_\_\_\_ DX/INDICATION \_\_\_\_\_

PHYSICIAN SIGNATURE AND DIAGNOSIS/INDICATION IS REQUIRED PRIOR TO PATIENT BEING SCHEDULED:

FOR CALL CENTER USE ONLY - DO NOT WRITE BELOW THIS LINE

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_ Physician Name: \_\_\_\_\_
Location: \_\_\_\_\_

Insurance referral must be faxed to (913) 588-5785 before the appointment can be confirmed. Referrals received after 3 P.M. will be handled the next business day.