

# Baystate Medical Center

3300 Main Street, Suite 2A, Springfield MA, 01199  
Phone: 413-794-7024 Fax: 413-794-7125

## Phase 2 Cardiovascular Rehabilitation Referral

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Diagnosis: (Please check ALL that apply)

MI                       PCI                       CABG

Valve Repair/ Replacement (Specify valve: \_\_\_\_\_)       Stable Angina

Heart or Heart/Lung transplant                       CHF\*\*

\*\*Please Note: Medicare and some other insurance carriers do NOT cover Phase 2 Cardiac Rehabilitation for a diagnosis of CHF.

Signature of referring physician: \_\_\_\_\_ Date: \_\_\_\_\_

Please print physician's name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

To facilitate entry into the Phase 2 Cardiovascular Rehabilitation program, please include the following documents with this referral:

History & Physical                       Discharge Summary                       Recent ECG

**Please fax the requested information along with this referral to:**

**413-794-7125 Attn: Cardiovascular Rehabilitation**