HOUSTON Methodist
DEBAKEY HEART & VASCULAR CENTER

CARDIAC REHABILITATION PROGRAM REFERRAL

Patient Name — Last, First, Middle	Date
Date of Birth	Sex ☐ M ☐ F
Primary Phone	Alternate Phone

☐ **Phase II ECG Monitored Cardiac Rehabilitation:** (36 sessions) ☐ **Cardiac Rehabilitation Phase II Renewal:** 12 24 36 sessions
(Please circle one or specify)

Medical Justification for renewal required: _____

Physicians: Please attach the following information to the referral, if available. This will assist us with patient care, insurance reimbursement, and patient outcomes.

- Hospital discharge summary, history and physical, or office note summarizing patient status.
- Resting 12 lead EKG.
- Lipid profile and other lab reports.
- Recent graded exercise test (within 3 months).
- Heart catheterization report.
- Echocardiogram report

Diagnosis: Please indicate condition(s) that apply to your patient

Phase II (covered) Diagnoses:	ICD-10 Code	Date
☐ s/p Aortocoronary bypass graft	Z95.1	_____
☐ s/p STEMI involving other coronary artery of anterior wall	I21.09	_____
☐ s/p STEMI involving other coronary artery of inferior wall	I21.19	_____
☐ s/p STEMI involving right coronary artery	I21.11	_____
☐ s/p STEMI involving other sites	I21.29	_____
☐ s/p STEMI of unspecified site	I21.3	_____
☐ s/p Non-ST elevation myocardial infarction	I21.4	_____
☐ s/p Coronary angioplasty	Z98.61	_____
☐ s/p Coronary stent	Z95.5	_____
☐ s/p Heart valve repair or replacement	Z95.2	_____
☐ s/p Heart transplant	Z94.1	_____
☐ Stable angina pectoris	I20.9	_____
☐ Stable chronic heart failure with LVEF of ≤35% and NYHA Class II-IV symptoms despite being on optimal heart failure therapy for at least 6 weeks. Patient has not had recent (≤6 weeks) or planned (≤6 months) major hospitalizations or procedures.	I50.22	_____

☐ Other (please specify):_____

_____

Heart Rate Guidelines

If the Physician desires to indicate the patient's target heart rate, please do so here; otherwise it will be determined by cardiac rehab staff.

☐ ≤ 30 beats above resting ☐ Karvonen (40%-80% heart rate reserve): _____% ☐ 30-50 beats above resting ☐ Other: _____

Physician's Name *(Please print)*		Address		
Physician's Signature	Date	City	State	ZIP
Phone		Fax		

Fax this referral to: 713.790.6136 To schedule an orientation call: 713.441.5575

LOCATIONS AND MAP ON REVERSE SIDE

HOUSTON METHODIST CARDIAC REHABILITATION LOCATIONS

INNER LOOP

1 Houston Methodist DeBakey Heart & Vascular Center – Cardiac Rehab

Outpatient Center, 16th floor
6445 Main St.
Houston, TX 77030
713.441.5575

SOUTH

2 Houston Methodist Sugar Land – Cardiac Rehab

16605 SW Fwy., Suite 210
Sugar Land, TX 77479
346.874.2050
Fax: 346.874.2051

WEST

3 Houston Methodist West – Cardiac Rehab at Houston Methodist Continuing Care Hospital

701 S. Fry Rd., Suite 215
Katy, TX 77450
832.522.2273
Fax: 832.522.7746

NORTH

4 Houston Methodist The Woodlands Hospital – Cardiac Rehab

17201 Interstate 45 S.
Medical Office Building 1
Suite 210
The Woodlands, TX 77385
936.270.3571

5 Houston Methodist Willowbrook – Cardiac Rehab

18220 State Hwy. 249
North Pavilion, 7th floor
Houston, TX 77070
281.737.8741

EAST

6 Houston Methodist Baytown – Cardiac Rehab

4401 Garth Rd.
Baytown, TX 77521
281.420.8878

SOUTHEAST

7 Houston Methodist Clear Lake – Cardiac Rehab

18300 Houston Methodist Dr.
Nassau Bay, TX 77058
281.333.8806
Fax: 281.523.2136

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